M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

II

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05941

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Spring Grove State Hospital Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 4302 Springdale ave

3. NAME OF DECEASED (Type or Print) (First) Blanche (Middle) F. (Last) Aubel
4. DATE OF DEATH (Month) June (Day) 4 (Year) 1950

5. SEX Fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 12.24.1858
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Henry Farmer Dunbar
14. MOTHER'S MAIDEN NAME Anna Rebecca Stall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mr. John Kratz 4302 Springdale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Bilateral bronchopneumonia	4.13.1950
93.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1950, to June 4, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Chrabolowski M.D. ADDRESS Spring Grove St. Hospital DATE SIGNED 6.4.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/6/50
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 6/5/50
REGISTRAR'S SIGNATURE H.W. Hedrick DM
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05942

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mount Wilson
LENGTH OF STAY (in this place): 1 yr. 4 mos. 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt.Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr.Geo.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 5436 Taylor Street

3. NAME OF DECEASED (Type or Print): (First) Anderson (Middle) Nalle (Last) Baltimore

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/15/07

9. AGE last birthday: 43 yrs. — If under 1 year: Months. 3 Days 14 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dispatcher

10b. KIND OF BUSINESS OR INDUSTRY: Super Concrete Co

11. BIRTHPLACE (State or foreign country): Richmond, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James R. Baltimore

14. MOTHER'S MAIDEN NAME: Minnie Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-09-5071

17. INFORMANT: Mary E. Baltimore, Wife.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X
131

Immediate cause (a): Pulmonary Tuberculosis — Interval Between Onset and Death: 11 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Tuberculous Laryngitis — 1 yr.

(c): Tuberculous Enteritis — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 1948 to 6/29, 1950, that I last saw the deceased alive on 6/29, 1950, and that death occurred at 6:35 P. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sauer — (Degree or title): M.D. — ADDRESS: Mt.Wilson, Md. — DATE SIGNED: 6/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7/2/50 — NAME OF CEMETERY OR CREMATORY: Riverview Cemetery — LOCATION (City, town, or county) (State): Richmond, Virginia

DATE REC'D BY LOCAL REG.: 6/29/50 — REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR — ADDRESS: John C. Miller, 2435 E. Oliver St, Balto Md.

266 V9

RECEIVED
JUL 5 1950
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05943

CERTIFICATE OF DEATH

Reg. Dist. No. 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard,
LENGTH OF STAY (in this place) 13 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2002 Boyd Street

3. NAME OF DECEASED (Type or Print) (First) RUDOLPH (Middle) (Last) BAUMBACK

4. DATE OF DEATH (Month) June (Day) 13, (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 9-21-01

9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handy-Man

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rudolph Baumback

14. MOTHER'S MAIDEN NAME Addie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (PTE) (If yes, give war or dates of service) 6-14-25 8-19-31

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: 3 weeks

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

940

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY occur?

VA

22. I hereby certify that I attended the deceased from 5-31- 1950 to 6-13- 1950 that I last saw the deceased alive on [illegible] that death occurred at 8:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Padget

ADDRESS Chief Medical Service VAH, Ft.Howard, Md.

DATE SIGNED 6-13-50

PAUL PADGET, M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 16, 1950

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/15/50

REGISTRAR'S SIGNATURE E W. Hedrick

24. FUNERAL DIRECTOR ADDRESS Geo. L. Schwab, 2101 Frederick Ave., Balto. Md.

JT

41699

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05944

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A13

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland | LENGTH OF STAY (in this place) 20 yrs.-
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural - 4 mi. W. of Freeland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland.
STREET ADDRESS (If rural, give location) 4 mi W. of Freeland.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Sterling (Last) Bell.

4. DATE OF DEATH: (Month) June (Day) 18, (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married. | 8. DATE OF BIRTH: April 12, 1908 | 9. AGE last birthday: 42 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trackman | 10b. KIND OF BUSINESS OR INDUSTRY: Railroad. | 11. BIRTHPLACE (State or foreign country): Parkton, Md. R.D. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Bell

14. MOTHER'S MAIDEN NAME: Susie Talbott.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.- (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. 716-12-3363.

17. INFORMANT AND ADDRESS: John Bell - Freeland, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Regurgitation

410X Antecedent cause(s)

926 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Oedema of Lungs,

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1—, 19 50, to June 18, 19 50, that I last saw the deceased alive on June 16—, 19 50, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE James L Gayle (Degree or title) ADDRESS New Freedom Pa DATE SIGNED June 19, 50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial.- | DATE: June 21, 1950 | NAME OF CEMETERY OR CREMATORY: Wiseburg Cem. | LOCATION (City, town, or county) Parkton, Md. R.D. (State)

DATE REC'D BY LOCAL REG. June 20 1950 | REGISTRAR'S SIGNATURE Chester L Fuller | 24. FUNERAL DIRECTOR: J. Jacob Hartenstein, ADDRESS New Freedom, Pa.

98847

RECEIVED
JUN 29 1950
BUREAU OF M.

05945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) 920 N. Wolfe St.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) NMI (Last) Bivens

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1950

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 11/16/95

9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

10b. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.

11. BIRTHPLACE (State or foreign country) Mornen, North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Bivens

14. MOTHER'S MAIDEN NAME Treasie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 217-07-4336

17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonery TBC	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonery TBC	6 mos.
	(c)	

002x
13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 11/25, 1950, to 6/24, 1950, ~~that I last saw the deceased~~ ~~[illegible]~~ death occurred at 11:35 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. Brandon MD

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF 6-29-50

NAME OF CEMETERY OR CREMATORY Sandy Ridge Cemetery

LOCATION (City, town, or county) (State) Moreen, North Carolina

DATE REC'D BY LOCAL REG. 6/26/50

REGISTRAR'S SIGNATURE A. W. Jedrich JT

24. FUNERAL DIRECTOR Chas. K. Law - 802 Madison Ave ADDRESS

98829

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05946

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. — 1641 Wyamby Road — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville | LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville
STREET ADDRESS (If rural, give location) 1641 Wyamby Road

3. NAME OF DECEASED (Type or Print): (First) Patrick (Middle) Henry (Last) Birthistle
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1950

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower | 8. DATE OF BIRTH: Jan 1, 1869 | 9. AGE last birthday: 81 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman (Retired) | 10b. KIND OF BUSINESS OR INDUSTRY: Balto City | 11. BIRTHPLACE (State or foreign country): Baltimore | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs James B. Lyons 1641 Wyamby Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — 2 years

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 2 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) TOMMINELLO — ADDRESS — DATE SIGNED

Jos. Tomminello M.D. Medical Activity. 6/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE June 27/50 | NAME OF CEMETERY OR CREMATORY Forraine Park | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. June 26, 1950 | REGISTRAR'S SIGNATURE A.W. Hedrick | 24. FUNERAL DIRECTOR Poring Byers | ADDRESS 5005 Pk Heights Ave

44298

MARYLAND STATE DEPARTMENT OF HEALTH

05947

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (In this place) 66 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Hanover Road

3. NAME OF DECEASED (Type or Print): (First) Archie (Middle) C. (Last) Blizzard
4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 3, 1883
9. AGE last birthday: 66 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Baltimore Co.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Blizzard
14. MOTHER'S MAIDEN NAME: Carrie L. Kemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Lillie L. Blizzard, Reis., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X **Immediate cause** (a) Cerebral Vascular Accident — 2 hrs.

830 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) None (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples med Exam. (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: June 22 '50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 23, '50 | NAME OF CEMETERY OR CREMATORY: Mt. Gilead | LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG. 6-22-50 | REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: J. F. Eline & Sons, Reis., Md. ADDRESS

VS. A15A

000 VV

RECEIVED
JUN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05948

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 214 S. Woodwell St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 214 S. Woodwell St.

3. NAME OF DECEASED (Type or Print): (First) Theresa (Middle) (Last) Bodine

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Moore

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Chas. H. Bodine, 406 Franklin Ave Emp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 years
	(c) Arteriosclerosis	10 years

331x

83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to June 12, 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Morris A. Jacobs M.D. ADDRESS 617 North Rt 40 DATE SIGNED 6/12/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial

DATE THEREOF 6/15/50

NAME OF CEMETERY ~~OR CREMATORY~~ Oak Lawn

LOCATION (City, town, or county) (State) Eastern Ave. Extended

DATE REC'D BY LOCAL REG. 6/13/50

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 127 St. Paul St.

VS. A15

VT

05949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 642 Orpington Road	STREET ADDRESS (If rural, give location): 642 Orpington Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Rosemary Bond			4. DATE OF DEATH (Month) (Day) (Year): June 28 50		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Feb. 22 1889	9. AGE last birthday: 61 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): W. Va.	12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. FATHER'S NAME: George D. Hammil			14. MOTHER'S MAIDEN NAME: Fanny Staginious		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. —		17. INFORMANT AND ADDRESS: George E. Bond 642 Orpington Road		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic nephrosis — about 10 yrs.

591X Antecedent cause(s)

131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — about 50 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to June 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 6:25 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leo J. Gaver	M.D.	Baltimore, Md.	June 29, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-1-50	Cathedral	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/30/50	V. E. Harry	George A. FARLEY	Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
JUL -1 1969
BUREAU

05950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 755 McHenry Street

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) R. (Last) Brandt

4. DATE OF DEATH (Month) June (Day) 28 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 10/19/1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Joseph.
14. MOTHER'S MAIDEN NAME Mary Hurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Degenerative Cardio Van Disease	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	
	(c)	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 6, 1950, to June 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE James G. Howell (Degree or title) ADDRESS Catonsville DATE SIGNED 6/30

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July-1-50
NAME OF CEMETERY OR CREMATORY Western Cem.
LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 7-1-50
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR F. B. Wippert & Son
ADDRESS 1300 Eutaw Pl. -17

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05951

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3109 Baybrook Rd — LENGTH OF STAY (In this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dundalk 22 Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frederick	Karl	Brandt.	June	5	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male.	White.	Married.	Dec 16/1902	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bartender	Tavern.	Germany	Germany

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. F. X. Brandt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	5 to 10 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P. M. Carmine M.D.	Deputy Med. Ex.	Medical Examiner Co. Dundalk 22 md	6/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 3, 1950	Oak Lawn	Baltimore Co, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/2/50	A. W. Hefner	Roland L. Fisher, Dundalk, Md.	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

05952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) Stansbury Manor
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4412 Shore Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1014 Eastern ave
STREET ADDRESS (If rural, give location) Essex.

3. NAME OF DECEASED (Type or Print) (First) Joyce (Middle) Alma (Last) Brenner
4. DATE OF DEATH (Month) June (Day) 23 (Year) 1950
5. SEX Fem
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 11/16/43
9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY School.
11. BIRTHPLACE (State or foreign country) Balto. Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Gerad A. Brenner
14. MOTHER'S MAIDEN NAME Alma R. Zoft.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

850.8 Immediate cause (a) Accidental Drowning. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

172 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Water
(CITY OR TOWN) Middle River (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) June (Day) 23 (Year) 50 (Hour) 1 45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? While bathing. Fell out of boat

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J M Carmine (Degree or title) M.D. ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 6/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/27/50
NAME OF CEMETERY OR CREMATORY St Stanislaw Cemetery
LOCATION (City, town, or county) Balto Md (State)
DATE REC'D BY LOCAL REG. JUN 24 1950 6-27-50
REGISTRAR'S SIGNATURE Huntington Williams, M.D. A.W. Hedrick
24. FUNERAL DIRECTOR J J Brizdzinski ADDRESS 1407 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

COPY SENT TO C.H.O. ~~LOCAL DEFENSE~~ BAR No. ..... DATE 6-27-50

Brown

05953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chase
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chase
STREET ADDRESS (If rural, give location): Eastern Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HOWARD	S.	BROWN	June 19, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	colored	widower	Sept. 16, 1881	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	Railroad watchman	unknown	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Glendolia Wheeler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease

420.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Emil Rogy	M.D.	700 Fleet St., Baltimore 2, Md.	June 19, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-30-50	Sharp Street Cemetery	Chase, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-20-50		Mrs. Robert A. Elliott & Daughter	1129 N. Caroline St.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon; LENGTH OF STAY (in this place) 11 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Worthington Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon; STREET ADDRESS (If rural, give location) Worthington Ave.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Ellen (Last) Brown

4. DATE OF DEATH: (Month) (Day) (Year) June 21, 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 4, 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Hannah More Academy

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Brown

14. MOTHER'S MAIDEN NAME: Martha Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Edward H. Brown, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Chronic Decompensating — 2 yrs

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-, 1930, to 6-20-, 1950, that I last saw the deceased alive on 6-19-, 1950, and that death occurred at 9P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James D. Saffell M.D. ADDRESS Reisterstown Md DATE SIGNED 6.21.50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: June 24, 1950

NAME OF CEMETERY OR CREMATORY: St. Lukes

LOCATION (City, town, or county) (State): Baltimore Co, Md.

DATE REC'D BY LOCAL REG. 6-22-50

REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

720 91

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JUN 30 1950
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson,
STREET ADDRESS (If rural give location) 510 W. Chesapeake Ave.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) A. (Last) Burgess

4. DATE OF DEATH (Month) June (Day) 21, (Year) 1950

5. SEX Female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single | 8. DATE OF BIRTH July 9, 1867 | 9. AGE last birthday 82 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Chambersburg, Pa. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Capt. William Burgess | 14. MOTHER'S MAIDEN NAME Margaret Newman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Nancy M. Riddle 510 W. Chesapeake Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19th, 1950, to June 21st 1950, that I last saw the deceased alive on June 21st, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE Daniel O'Leary Thos. Jenifer (Degree or title) M. D. ADDRESS Towson 4 Md DATE SIGNED 6/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 24, 1950 | NAME OF CEMETERY OR CREMATORY Cedar Grove | LOCATION (City, town, or county) (State) Chambersburg, Pa.

DATE REC'D BY LOCAL REG. 6/23/50 | REGISTRAR'S SIGNATURE D. W. Hedrick DM | 24. FUNERAL DIRECTOR John O. Mitchell & Sons ADDRESS 1900 Eutaw Place

XVX 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

05956

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH · COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgewood
LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1011 Beechfield ave

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgewood
STREET ADDRESS (If rural, give location): 1011 Beechfield ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Edith Hazel Burgoon
4. DATE OF DEATH (Month) (Day) (Year): June 26 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 10 1886
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Jerome Parker
14. MOTHER'S MAIDEN NAME: — Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: John M Burgoon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162x Immediate cause (a) General Metastases

47d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the Lung — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jany 1, 1950, to June 26, 1950, that I last saw the deceased alive on June 26, 1950, and that death occurred at 9-30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Geo W. Kieffer MD — ADDRESS: 1010 Leeds ave Balto Md — DATE SIGNED: June 25 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-29-50 — NAME OF CEMETERY OR CREMATORY: London Park Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: June 28 50 — REGISTRAR'S SIGNATURE: Geo Kieffer — 24. FUNERAL DIRECTOR: Wm J Tickner & Sons — ADDRESS: Balto Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVE
JUL 21 1950
BUREAU

05957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville — LENGTH OF STAY (in this place): 13 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove Hosp.	STREET ADDRESS (If rural, give location): 3612 Clifton Ave.

3. NAME OF DECEASED (Type or Print): (First) MILDRED (Middle) JANE (Last) CAMPBELL

4. DATE OF DEATH: (Month) June (Day) 7, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct. 10, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months 7, Days 28; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired policewoman

10b. KIND OF BUSINESS OR INDUSTRY: Balto. City

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas W. Campbell

14. MOTHER'S MAIDEN NAME: Emma Wareheim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Miss Helen F. Campbell 3612 Clifton Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Cardio Resp failure

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Inanition - mal nutrition

(c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1950, to June 7, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 11:35 a.m., from the causes and on the date stated above.

SIGNATURE: Cliff Rowett Jr. (Degree or title) M.D. ADDRESS: Spring Grove Hosp DATE SIGNED: 6/7/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/10/50 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem. — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 6/8/50 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons, ADDRESS: Balto Md.

60498

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

05958

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ~~Maryland~~ Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Raven
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Texas COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tarrell
STREET ADDRESS (If rural, give location) Terrell State Hospital ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	THOMAS	HOLLAND	CAMPBELL, M.D.		June	4,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white		Oct 26 - 1902	47- yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
doctor	Medical	Temple Texas	

13. FATHER'S NAME Charles M. Campbell
14. MOTHER'S MAIDEN NAME Blanche Seaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ?
17. INFORMANT Charles S. Campbell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute alcoholism	
322.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
77c	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE R. B. Fisher (Degree or title) M.D. ADDRESS 700 Fleet St., Baltimore 2, Md. DATE SIGNED June 5, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	June 7-50	Freemans Crematory	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/7/50	H.W. Hedrick	Ellsworth Armacost	5118 Liberty Park Ave

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

05959

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govdawn | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnnycake Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govdawn
STREET ADDRESS (If rural give location) Johnnycake Rd

3. NAME OF DECEASED (Type or Print): (First) Serafinis (Middle) Candeloro (Last)
4. DATE OF DEATH: (Month) (Day) (Year) June 25 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Married	April 9 1892	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY: Tailor
11. BIRTHPLACE (state or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Augustus Candeloro
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
15. SOCIAL SECURITY NO. 218 01 7807
17. INFORMANT: Philip Candeloro

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
94a (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: naturol causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo M Kieffer MD	Physician	1010 Loudon Ave Balto 12	June 25-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JUNE 28 50	NEW CATHEDRAL	BALTO. MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 27 50	Geo M Kieffer	HARRY H WITZKE - 4101 EDMONDSON	Ave

36006

RECEIVED
JUN 29 1950
BUREAU

Evidence for correction of birth date & age is shown on Film G-127 -7/27/50.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05960

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Osborne Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 1 Osborne Ave.

3. NAME OF DECEASED (Type or Print) (First) ANTONIO (Middle) THOMAS (Last) CAROZZA
4. DATE OF DEATH (Month) 6 (Day) 20 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan. 17, 1876 1877
9. AGE last birthday 73 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Maximillian Carozza
14. MOTHER'S MAIDEN NAME Rosa Rossa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Eugene Carozza Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Degeneration	6 mo.
260X Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	1 yr
	(c) Diabetes Mellitus	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to June 20, 1950, that I last saw the deceased alive on May, 1950, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE S. Lloyd Johnson (Degree or title) M.D. ADDRESS Catonsville, Md DATE SIGNED 6/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-23-50
NAME OF CEMETERY OR CREMATORY Cathedral
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 6/22/50
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR George H Farley - Catonsville, Md ADDRESS

V16V9

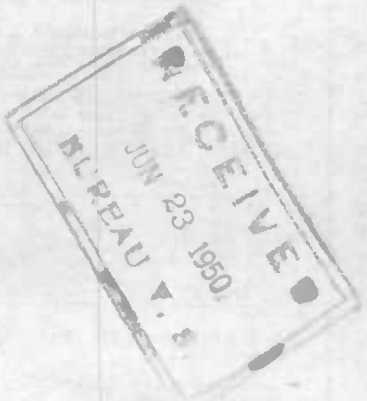
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Mr. Browne
Un. Trust.

RECEIVED
JUN 23 1950
BUREAU V. S.



05961

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pomt. LENGTH OF STAY (In this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2917 Salisbury Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Petrone (Middle) (Last) Casper
4. DATE OF DEATH (Month) June (Day) 26 (Year) 50
5. SEX Fem.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 1/1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Lithuania
12. CITIZEN OF WHAT COUNTRY? Russia.
13. FATHER'S NAME John Kapacinskas
14. MOTHER'S MAIDEN NAME Mary - Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John Casper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Immediate.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. M. Carmine M.D. (Degree or title) Deptr Medical Examiner Balto. Co. ADDRESS Dundalk 22 Md DATE SIGNED 6/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/29/50
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 6/28/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Chas W Kachauskas ADDRESS 703 McHenry St.

JT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05962

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 13 Overhill Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mary Clarke Cooke Cockey
4. DATE OF DEATH (Month) (Day) (Year): June 5 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Jan 20 1871
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto. Co Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Adolphus Cooke
14. MOTHER'S MAIDEN NAME: Rachel Clarke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Wm C Cooke 4302 Norwood Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
151X Immediate cause	(a) Carcinoma of stomach with pyloric obstruction	1-2 yrs
46 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 1949, to 6/5, 1950, that I last saw the deceased alive on 6/4, 1950, and that death occurred at 2.30 A.m., from the causes and on the date stated above.

SIGNATURE: John A Nestor Jr. (Degree or title) ADDRESS: 20 E. Preston St - Balt. 2 Md DATE SIGNED: 5 June '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: June 7/50
NAME OF CEMETERY OR CREMATORY: St Thomas
LOCATION (City, town, or county): Garrison Forest (State): Md

DATE REC'D BY LOCAL REG.: 6/5/50
REGISTRAR'S SIGNATURE: H.W. Hedrick
24. FUNERAL DIRECTOR: Henry W. Jenkins & Sons Co ADDRESS: 4905 York Rd

Dr. Desbat
20 E. Preston St

MARYLAND STATE DEPARTMENT OF HEALTH

05963

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown — LENGTH OF STAY (in this place): 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. #2, Box 129A.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): R.F.D. #2, Box 129 A

3. NAME OF DECEASED (Type or Print): (First) Homer (Middle) (Last) Cushing

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Mar. 10,1897

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cotton classer

10b. KIND OF BUSINESS OR INDUSTRY: Cotton Mill

11. BIRTHPLACE (State or foreign country): Madison Co., Alabama

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James M. Cushing

14. MOTHER'S MAIDEN NAME: Rachel Moon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1-Apr. '17 Mch. '19

16. SOCIAL SECURITY NO.: 213-03-4091

17. INFORMANT: Daniel E. Cushing (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pistol shot in forehead	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

976x

164c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tbc. — 10 yrs.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: none — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Reisterstown, — (COUNTY): Balto., — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): June 1 '50 8:30 A. m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR?: Shot through head with revolver

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples — (Degree or title): Med. Exam M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: June 1, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 3,1950 — NAME OF CEMETERY OR CREMATORY: All-Saints — LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG.: 6-1-50 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR — ADDRESS: J.F.Eline & Sons, Reisterstown, Md.

3183

RECEIVED
JUN 3 1950
BUREAU F. S.

05964

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 60 Days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft. Howard, Md.	STREET ADDRESS (If rural, give location) 212 N. East St., Balto. 2, Md.

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) H. (Last) Daily				4. DATE OF DEATH (Month) June (Day) 25 (Year) 1950	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married-Sep.	8. DATE OF BIRTH 3/3/90	9. AGE last birthday 60 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed (Unknown)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jamaica B.W.I.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Daily			14. MOTHER'S MAIDEN NAME Caroline Skelton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. Unknown		17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp., Ft. Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple Infarcts, right cerebrum	2 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 1. Thromboses of vessels	2 Mos.
	2. Pneumococcus meningitis	2 Mos.
	(c)	

340.1

83b

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that VA attended the deceased from 4-26-, 1950, to 6-25-, 1950, ~~that I last saw the deceased alive on~~ and that death occurred at 12:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
PAUL PADGET, M.D.	Paul Padget. Chief Medical Service	VAH, Ft.Howard, Md.	6-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-29-50	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 6/26/50	REGISTRAR'S SIGNATURE A W. Heduch JT	24. FUNERAL DIRECTOR Joseph Locks Jr. 1304 N. Central Ave.	ADDRESS Balto., Md.

XVX 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05965

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; MARYLAND; LENGTH OF STAY (In this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS (If rural, give location) 107 Eastern Ave.

3. NAME OF DECEASED (Type or Print): (First) POLISEO (Middle) (Last) DE ANGELIS

4. DATE OF DEATH: (Month) June (Day) 10TH (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: June 2, 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Photographer

10b. KIND OF BUSINESS OR INDUSTRY: Self.

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph De Angelis

14. MOTHER'S MAIDEN NAME: Marie Pellerin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Homer De Angelis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 13 days

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

61

(b) Hypertensive Cardio-Vascular Disease — 9 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — unknown

260X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1950, to June 10, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 4:26 P.m., from the causes and on the date stated above.

SIGNATURE: Joseph Mucci (Degree or title) MD ADDRESS 422 Eastern Ave DATE SIGNED 6/12/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE 6-13-50 NAME OF CEMETERY OR CREMATORY: Oak Lawn LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 6/12/50 REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: John G. Connelly ADDRESS 418 Eastern Ave

25

V6689 Balto 21 3/1

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

05966

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 503 Sussex Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 503 Sussex Road

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) E. (Last) DECKER

4. DATE OF DEATH (Month) June 11th, (Day) (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Oct. 24, 1868

9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Justice Eicholtz

14. MOTHER'S MAIDEN NAME Margaret Spring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mrs. John Amrein, 503 Sussex Rd. Balto. 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
241x	Immediate cause	(a) Cardiac Decompensation	3 wks.
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis Renal-Vascular Cardio	15 yrs
		(c) Asthma	20 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to June 11, 1950, that I last saw the deceased alive on June 10, 1950 and that death occurred at 1 24 m., from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell MD (Degree or title) ADDRESS 7301 Yack Rd DATE SIGNED 6/12/50

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF June 14, 1950

NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. 6/13/50

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

JT

05967

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville - 14. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3011 Texas Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3011 Texas Ave.

3. NAME OF DECEASED (Type or Print) (First) Wilfred (Middle) O (Last) Dick.
4. DATE OF DEATH (Month) 6 (Day) 22 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 9 - 1894
9. AGE last birthday 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Koppers Plant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas P. Dick
14. MOTHER'S MAIDEN NAME Anna M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Maude E. Dick · 3011 Texas Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun Shot wound thru' Right — —

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Temper — —

164c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Parkville - 14 — (COUNTY) Balto — (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 22 (Year) 50 (Hour) 9:15 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot self c 32 cal pistol —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE W. B. Davis. M.D. — (Degree or title) Dept Med. Exam. — ADDRESS Dundalk - 22 Md — DATE SIGNED 6/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 6/24/50 — NAME OF CEMETERY OR CREMATORY Green Hill Cem. — LOCATION (City, town, or county) Waynesboro, Penna (State)

DATE REC'D BY LOCAL REG. 6-23-50 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR L. Puck. 5305 Harford Rd. — ADDRESS

32629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

05968

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville-28
LENGTH OF STAY (in this place) 2yrs 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
2043 Ellsworth St.,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) and, Spring Grove State Hospital, Caton.28

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Corine	?	Dobe	June	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
f	W	widowed	1-18-1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		SGSH, Catonsville-28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Decubitus ulcer	3 mos.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)	Malnutrition	6 mos.
(c)	Senile psychosis; Generalized arteriosclerosis Arteriosclerotic heart disease	2½ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-24, 1948, to 6-25-, 1950, that I last saw the deceased alive on 6-25, 1950, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
albert a Kurland MD	M.D., SGSH, Catonsville-28, Maryland	6-25-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/28/50	Sacred Heart	Thomas Hill Road

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6/27/50	R.W. Hedrick	J. J. Daley Sons 1318 Light St

51

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05969

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - HOLBROOK - MD
LENGTH OF STAY (in this place) 6 YEARS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS LIBERTY RD - HOLBROOK - MD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - HOLBROOK - MD -
STREET ADDRESS (If rural, give location) RURAL - LIBERTY RD - HOLBROOK - MD.

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) LORETTA (Last) DORAN

4. DATE OF DEATH (Month) JUNE (Day) 17 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH MAY-5-1868

9. AGE last birthday 82 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) BRADSHAW - MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME MR. JOHN DORAN

14. MOTHER'S MAIDEN NAME MRS. MARY NEIL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. —

17. INFORMANT MISS MARY A. BLAIR

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT -	72 HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO-VASCULAR DISEASE -	5-10 YEARS
	(c) —	

443 X
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X
(CITY OR TOWN) X (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) X m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from JUNE 7, 1950, to JUNE 17, 1950, that I last saw the deceased alive on JUNE 17, 1950, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE Thomas E. Wheeler (Degree or title) MD. ADDRESS Randallstown Md. DATE SIGNED JUNE 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/20/50
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 6/19/50
REGISTRAR'S SIGNATURE A. W. Hedrick Dm.
24. FUNERAL DIRECTOR Frank H. Newell - ADDRESS Pikesville Md.

52086

8981
T8
Q561

05970

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Texas (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 yr. 10 mo. 15 da

Hospital, Institution, or street address where death occurred: Baltimore County Home

How long in hospital or institution? 9 yr. 10 mo. 15 da.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Sparks (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Henry Joseph Driver

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) December 26, 1880

8. AGE: Years 69 | Months 5 | Days 11 | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER
12. Name Reinhold Driver
13. Birthplace Germany

MOTHER
14. Maiden name Anna Rauh
15. Birthplace Germany

16. Informant Mrs Albert Bauer

Address 325 N. Ellwood Ave.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 6/6/50 (month) (day) (year)

Cemetery or crematory University Hospital

Location Balto City Md

18. Funeral director Frances A Hemsley

Address 578 W Biddle St

19. 6/5 1950 (Date rec'd by registrar) Wm J Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1950 at 2 30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1950 to June 6 1950 and that I last saw him alive on June 3 1950

Immediate cause of death: Coronary occlusion — DURATION: few hrs.

Due to coronary sclerosis — 10 yrs.

Due to

Other conditions 420.1 94a (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE Elizabeth B. Sherrill, M.D. (M. D. or other)

Address Cockeysville, Md. Date signed June 6, 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

M

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RECEIVED
JUN 8 1950
BUREAU W. B.

MARYLAND STATE DEPARTMENT OF HEALTH

05971

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, Baltimore
LENGTH OF STAY (in this place): 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 212 Blenheim Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, Baltimore
STREET ADDRESS (If rural give location): 212 Blenheim Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Amy Myers Englar

4. DATE OF DEATH (Month) (Day) (Year): June 22 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 10, 1872

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Union Bridge, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Philip B. Myers

14. MOTHER'S MAIDEN NAME: Martha Metcalfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: David F. Englar, Jr.-3323 Liberty Heights Av Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 1938, to 6/22, 1950, that I last saw the deceased alive on 6/21, 1950, and that death occurred at 4 08 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert A. Reiter, M.D. — ADDRESS: Garrison Blvd. & Windsor Ave. — DATE SIGNED: 6/23/50

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: 6/24/50 — NAME OF CEMETERY OR CREMATORY: Mount View — LOCATION (City, town, or county) (State): Union Bridge, Md.

DATE REC'D BY LOCAL REG.: June 24 1950 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR — ADDRESS: John O. Mitchell & Sons, Inc.-1900 Eutaw Place Baltimore, Md.

Mahlon B. Mitchell

05972

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rodgers Forge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Overbrook Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rodgers Forge
STREET ADDRESS (If rural, give location) 116 Overbrook Road

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) GERTRUDE (Last) FAHEY
4. DATE OF DEATH (Month) 6 (Day) 10 (Year) 50 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME J.F.Cardwell
14. MOTHER'S MAIDEN NAME (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. -
17. INFORMANT AND ADDRESS Miss Mary Fahey-116 Overbrook Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion	10 min.
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	2 yrs +
		(c) Hypertension	2 yrs +

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10 June, 1950, to 10 June, 1950, that I last saw the deceased alive on 10 June, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE George S. Sugalk (Degree or title) M.D. ADDRESS 703 Cathedral St. Balto Md. DATE SIGNED June 12, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/14/50
NAME OF CEMETERY OR CREMATORY Cathedral Cem
LOCATION (City, town, or county) Baltimore City (State)

DATE REC'D BY LOCAL REG. 6/12/50
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Wiedefeld & Son ADDRESS WIEDEFELD & SON GREENMOUNT AVE & 22ND

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Ingalls
703 Cathedral St.

~~BALTIMORE~~ HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 05973

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GERTRUDE BRACKETT FITZGERALD

2. DATE OF DEATH: 6-6-50

3. PLACE OF DEATH:
A. ~~Baltimore City~~, Maryland — Balto. County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Overbrook Rd., Ruxton
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ruxton
D. STREET ADDRESS (If rural, give location): Overbrook Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	widowed	Nov. 5, 1869	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Gilbert R. Brackett
14. MOTHER'S MAIDEN NAME: Therese Louisa Newman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT — ADDRESS: Dr. Marius P. Johnson — 222 Medical Arts Bldg.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

DUE TO

(B) Carcinoma of Uterus — 18 mos. known.

DUE TO

(C)

174 X 480 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. ____, 1950, *to* June 6, 1950, *that I last saw the deceased alive on* June 6, 1950, *and that death occurred at* 12 Noon, *from the causes and on the date stated above.*

23A. SIGNATURE M. D.: Marius P Johnson
23B. ADDRESS: 222 Med. Art Bldg
23C. DATE SIGNED: 6-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/8/50	Monkin Presby. Cem.	Princess Anne, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 6/7/50
REGISTRAR'S SIGNATURE: H. W. Hedrick Dr.
25. FUNERAL DIRECTOR — ADDRESS: Wm. J. Tickner & Sons — Balto Md.

MS. 150

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

05974

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore.- | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Hall.- | LENGTH OF STAY (in this place): 4 mos.-
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia. | COUNTY: Wythe Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Retreat.-
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) Elizabeth (Last) Flanagan.

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow.

8. DATE OF BIRTH: Sept. 5/187[illegible]

9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife.

10b. KIND OF BUSINESS OR INDUSTRY: Own home.-

11. BIRTHPLACE (State or foreign country): Elk Creek, Virginia.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.-

13. FATHER'S NAME: Thomas Burris-

14. MOTHER'S MAIDEN NAME: Nancy E. Funk.-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Frank Arney - White Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	2 days
330 x Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio - sclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20/50, 19....., to 6/24/50, 19....., that I last saw the deceased alive on 6/24/50, 19....., and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE: A. M. France (Degree or title): M.D. ADDRESS: Carleton, Md. DATE SIGNED: 6/24/50

23. BURIAL, CREMATION OR REMOVAL (Specify): Removal Burial.- | DATE: June 28, 1950 | NAME OF CEMETERY OR CREMATORY: Kings Grove Cemetery | LOCATION (City, town, or county): Crockett. (State): Virginia.

DATE REC'D BY LOCAL REG.: June 25/50 | REGISTRAR'S SIGNATURE: Charles L. Fiscus

24. FUNERAL DIRECTOR: Jacob Hartenstein ADDRESS: New Freedom Pa.

RECEIVED
JUL 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05975

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Loch Raven
City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Loch Raven
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: (If outside city or town limits, write RURAL and give nearest town)
Street No. 4739 Old York Road (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Lawrence R. Frazee

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Minnie B.
6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 7-1885

8. AGE: Years: 64 Months: Days: If less than one day: ____ hrs. ____ min.

9. Birthplace: Garrett Co. Md. (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Emp. Building Constr. Co.
FATHER 12. Name: ?
FATHER 13. Birthplace: ?
MOTHER 14. Maiden name: ?
MOTHER 15. Birthplace: ?
16. Informant: Mrs. Minnie B. Frazee
Address: 4739 Old York Road
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/29/50 (month) (day) (year)
Cemetery or crematory: Oakwood
Location: Baltimore, Md.
18. Funeral director: Leonard J. Luck
Address: 5305 Harford Road, 14
19. 6/27 (Date rec'd by registrar) 19 50 a. w. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 24, 19 50, at 6:00 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Body of deceased examined
and that I last saw him alive on June 26, 00. 12:00 A.M. 19
Immediate cause of death: Drowning (accidental) — DURATION: —
Due to:
Due to:
Other conditions:
929.8 (Include pregnancy within 3 months of death)
Major findings of operations:
I.S.3 Date of op.
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: June 24, 50,
Where did injury occur? Loch Raven Reservoir Balto - Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John L. Green Jr. M.D. M. D. or other
Address: Towson 4, Md. Date signed: 6/26/50
(Deputy Medical Examiner)

05976

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 Lowery Ave.	STREET ADDRESS (If rural, give location) 409 Lowery Ave.

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) ---	(Last) Gabardine	4. DATE OF DEATH	(Month) June	(Day) 4	(Year) 1950
5. SEX M Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 11, 1908	9. AGE last birthday 42 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker	10b. KIND OF BUSINESS OR INDUSTRY Steel	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ferdinand Gabardine		14. MOTHER'S MAIDEN NAME Hanna Ballard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) ----	16. SOCIAL SECURITY NO. 213-03-5192	17. INFORMANT Mrs Evelyn Gabardine--409 Lowery Ave	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

201X

Immediate cause (a) Hodgkins Disease — 8 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

44 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 17, 1950, to June 4, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 1050 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph Nicoli	MD	422 Eastern Ave Balto. 2, Md	6/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/8/50	NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	LOCATION (City, town, or county) Balto.	(State) Md.
DATE REC'D BY LOCAL REG. 6/6/50	REGISTRAR'S SIGNATURE Dr. Heduck	24. FUNERAL DIRECTOR John A. Moran	ADDRESS 3000 E. Balto. St Balto. 24 Md.	

Dm ✓

98829

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

05977

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, Baltimore — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7400 York Road	STREET ADDRESS (If rural give location) 7400 York Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) George Morrison Gaither	4. DATE OF DEATH (Month) (Day) (Year) June 22, 1950
5. SEX male — 6. COLOR OR RACE white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Nov. 10, 1871 — 9. AGE last birthday 78 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Educator, retired 9 yrs. — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas B. Gaither	14. MOTHER'S MAIDEN NAME Lucretia DeLong Porter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.	17. INFORMANT George M.Gaither,Jr.-7400 York Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of sigmoid - metastases — 7 mon

153X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46e

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Dec. 15, 1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid with metastases	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30, 1948 to June 22, 1950 that I last saw the deceased alive on June 21, 1950 and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Holmes Boyd, M.D. — ADDRESS 24 E. Eager St. near Calvert St., Balto.,Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 6/24/50	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 6/23/50	REGISTRAR'S SIGNATURE H.W. Hedrick	24. FUNERAL DIRECTOR John O.Mitchell & Sons, Inc.-1900 Eutaw Place	ADDRESS Mahlon B Mitchell

DR GH BOYD = after 2 P M DN

V3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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05978

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Becklepville | LENGTH OF STAY (In this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Becklepville
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) ERNEST — (Middle) PRESTON — (Last) GARDNER

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1950

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: May 24 1879 | 9. AGE last birthday: 71 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm work | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Julen Hausenman | 14. MOTHER'S MAIDEN NAME: Mary Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. ✓ | 17. INFORMANT: Mrs Preston Gardner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 420.1 94a	(b) Arteriosclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementus — 6 y

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1940, to June 15, 1950, that I last saw the deceased alive on June 17, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Maurice C. Porterfield	M.D.	Hampstead Md	6/16/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	6-18-50	Becklepville	Balto Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-17-50	Dana B. Eline.	Edw C Tipton,	Hampstead Md

86679

RECEIVED
JUN 22 1950
BUREAU V. S.

05979

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Council
LENGTH OF STAY (In this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Council
STREET ADDRESS (If rural, give location) 4102 Annapolis Rd

3. NAME OF DECEASED (Type or Print) (First) Frances V. (Middle) Garner (Last)

4. DATE OF DEATH (Month) (Day) (Year) June 11- 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 1887
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Joseph N. Sanders.
14. MOTHER'S MAIDEN NAME Sabina Jameson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Mrs Roberta Hanson Annapolis 4102 Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to June 11, 1950 that I last saw the deceased alive on June 8, 1950, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lelia J. Pratt Jr., Ed. D.
ADDRESS 800 W. Patterson Park Ave
DATE SIGNED 6/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 13-50
NAME OF CEMETERY OR CREMATORY St Josephs Cem.
LOCATION (City, town, or county) Pomfret (State) Md

DATE REC'D BY LOCAL REG. 6-12-50
REGISTRAR'S SIGNATURE H. L. Howard
Dr. Geo. S. M. Kieffer
24. FUNERAL DIRECTOR Hunt & Ryon
ADDRESS Waldorf Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 13 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05980

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills — LENGTH OF STAY (in this place) 12 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY City & Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural, give location) 1924 Maisel Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	DONALD	LESLIE	GARY	June	28	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Sept. 2, 1947	2 9/12 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Thomas Gary	Margaret Loretta Sutherland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Rosewood State Hospital Records, Training School Owings Mills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchitis with Bronchial pneumonia	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchitis	
	(c)	

491x
157a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hydrocephalus; Rhachitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 3, 1950, to June 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 12:27 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Viola B. Jahns, M.D.		Rosewood State Tr. School Owings Mills Md	6-28-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/30/50	New Cathedral	Catto, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/29/50	A. W. Hedrick JT	Wm. J. Pickens & Sons	Catto Md.

05981

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 11 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2901 Dunmore Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 2901 Dunmore Road

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) VIRGINIA (Last) GEMMILL
4. DATE OF DEATH (Month) June (Day) 21 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 30 Nov. 1860
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas G. McMechen
14. MOTHER'S MAIDEN NAME Mary J. Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Myrtle J. Hooper (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arterio-Sclerotic Cardio-Vascular — 10 yrs.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1947, to June 21, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at 5:40 AM m., from the causes and on the date stated above.

SIGNATURE M B Davis MD (Degree or title) ADDRESS 6800 Morning Ave Dundalk Md DATE SIGNED 6/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 24 June 1950
NAME OF CEMETERY OR CREMATORY Western
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/23/50
REGISTRAR'S SIGNATURE A. W. Hedrick JT
24. FUNERAL DIRECTOR Walter Brooks Bradley
ADDRESS Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05982

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Orchard Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
STREET ADDRESS (If rural, give location): Orchard Rd.

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Julia (Last) Gerbrick

4. DATE OF DEATH: (Month) 6/ (Day) 17 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11/19/1881

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Long

14. MOTHER'S MAIDEN NAME: Ellen Ries

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): No.

16. SOCIAL SECURITY No.: None

17. INFORMANT: Wm. Wallford Gerbrick Orchard Rd. Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrage	11 Days
Antecedent cause(s) 331X 830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	3 Yrs.
	(c) Arterio Sclerosis	3 Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1950, to 6/17/, 1950, that I last saw the deceased alive on 6/16/50, 19, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. E. Michaels MD

ADDRESS: Pikesville-8, Md.

DATE SIGNED: 6/17/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 6/20/50

NAME OF CEMETERY OR CREMATORY: Druid Ridge

LOCATION (City, town, or county) (State): Pikesville-8, Md.

DATE REC'D BY LOCAL REG.: 6/17/50

REGISTRAR'S SIGNATURE: E. E. Michaels

24. FUNERAL DIRECTOR: Frank H. Newell

ADDRESS: Pikesville-8, Md.

VS. A15

RECEIVED
JUN 22 1950
BUREAU V. S.

Item 3, Jr. to Sr: USVA letter filmed 7-7-50 G126 SB (confirmation) L

05983

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 126 JUN 15 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft Howard
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.ADM.Hosp.Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
STREET ADDRESS (If rural, give location) Main Street.

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) W. (Last) Gibson, Sr. SR.

4. DATE OF DEATH (Month) June (Day) 11 (Year) 1950

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 6/13/96
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus driver
10b. KIND OF BUSINESS OR INDUSTRY School Transp.
11. BIRTHPLACE (State or foreign country) Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert Gibson
14. MOTHER'S MAIDEN NAME Lizzie Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 220-03-8238
17. INFORMANT AND ADDRESS CLIN.REC.VETS.ADM. HOSP.FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	Unknown
	(c) Due to: Arteriosclerosis	Unknown

420.1
94a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (6/15/50 akc)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 6/2/, 1950, to 6/11, 1950 ~~[illegible]~~ ~~[illegible]~~ and that death occurred at 12:20A. m., from the causes and on the date stated above.

SIGNATURE Wilbur Ellis (Degree or title) Wilbur Ellis, M.D.
ADDRESS VAH FORT HOWARD, MD.
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-14-50
NAME OF CEMETERY OR CREMATORY Zion-Carroll County
LOCATION (City, town, or county) (State) Carroll County, Md.

DATE REC'D BY LOCAL REG. 6/12/50
REGISTRAR'S SIGNATURE G W Hedrick
24. FUNERAL DIRECTOR Edward Tipton, Hampstead, Md.
ADDRESS

JT

42091

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

05984

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1232 Poplar Ave.	STREET ADDRESS (If rural, give location) 1311 North Ave,

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) JOSEPH	(Last) GILES	4. DATE OF DEATH	(Month) Jne 4, (Day) 1950 (Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov. 4, 1882	9. AGE last birthday 67 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman	10b. KIND OF BUSINESS OR INDUSTRY Food Fair, Inc	11. BIRTHPLACE (State or foreign country) Worcester, Mass.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Samuel Giles	14. MOTHER'S MAIDEN NAME Agnes Carr				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs Eva K. Giles, 1311 North Ave., Arbutus			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	minutes
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease.	several years
93d	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1948, to 3 June, 1950, that I last saw the deceased alive on 3 June, 1950, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Goodman, M.D.		1334 Sulphur Spring Rd	5 June 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/7/50	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town, or county) Baltimore, Md. (State)
DATE REC'D BY LOCAL REG. 6/6/50	REGISTRAR'S SIGNATURE Dw. Hedrick DM	24. FUNERAL DIRECTOR William Cook Inc	ADDRESS 1214 St Paul St

602.61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05985

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 312 S. Fremont

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) W. (Last) GOODWYN

4. DATE OF DEATH (Month) June (Day) 6, (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12-5-1894

9. AGE last birthday 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor

10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country) Sussex Co., Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Goodwyn

14. MOTHER'S MAIDEN NAME Alice Knocks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 218-10-6503

17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp/,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac dilatation and hypertrophy — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis — Unknown

(c)

572 x
131 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22-, 19 50, to 6-6-, 19 50, that ~~I saw the deceased~~ and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. Chief Medical Service VAH, Ft. Howard, Maryland 6-7-50

23. BURIAL, CREMATION / REMOVAL (Specify) Removal — DATE THEREOF 6/10/50 — NAME OF CEMETERY OR CREMATORY Jarratt — LOCATION (City, town, or county) (State) Va

DATE REC'D BY LOCAL REG. 6/8/50 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS
Isaac Brown, 108 W. Montgomery St., Balto, Md.
ISAIAH L BROWN SON 24029

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of age shown on:

FILM No. G 126 JUN 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05486

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place): 3½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hopewell Ave., Essex 21, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 415 E. Federal St. ✓

3. NAME OF DECEASED (Type or Print): (First) George (Middle) William (Last) Green
4. DATE OF DEATH: (Month) June (Day) 7, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: June 20, 1860
9. AGE last birthday: 90 99 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-
10b. KIND OF BUSINESS OR INDUSTRY: Ship Corker
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Green
14. MOTHER'S MAIDEN NAME: Julia Ann Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Blanche Prather-147-A Hopewell Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — 6 days

131 a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension and artero-sclerolis — 20 years
(c) Chronic Nephritis — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to June 7, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE: Mais a. Jacobs (Degree or title): M.D. ADDRESS: 617 North Point Rd Balto 24 Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: June 11, 1950
NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
LOCATION (City, town, or county) (State): Westport Md

DATE REC'D BY LOCAL REG.: June 10 1950
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Mrs Robert A. Elliott Dwyer ADDRESS: 1129 N. Carrollton St.
44699

VS. A15 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

Evidence for change of date of birth shown on Film G126 6/19/50 dm.

2

05987

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place) 3 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2109 Gwynn Oak Ave,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 2109 Gwynn Oak Ave,

3. NAME OF DECEASED (Type or Print) (First) John (Middle) J. (Last) Gregory

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 1/11/1898

9. AGE last birthday 60 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Care Taker

10b. KIND OF BUSINESS OR INDUSTRY Gwynn Oak Park

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Joseph Gregory

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 091-07-9066

17. INFORMANT Anna Gregory. Long Island. New York

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo S. McKieffer MD Dep. Med. Exam. Balt. Co. 1010 Leeds ave June 12, 50

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 6/12/50

NAME OF CEMETERY OR CREMATORY Jamacia

LOCATION (City, town, or county) (State) Long Island. New York

DATE REC'D BY LOCAL REG. 6/12/50

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS Frank H. Newell, Pickesville, Md.

JT

74090

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

T

05988

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Frederick Road

3. NAME OF DECEASED (Type or Print) (First) Louetta (Middle) Musser (Last) Groff

4. DATE OF DEATH (Month) June (Day) 23, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 21, 1864
9. AGE last birthday 85 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Abraham Groff
14. MOTHER'S MAIDEN NAME Susan Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Wm. D. Groff, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis (Infectious) — [illegible]

Antecedent cause(s)

422.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950, to 6/23, 1950, that I last saw the deceased alive on 6/23, 1950, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Kyle W. Golley Md. 5103 Harford Rd Balto 14 Md. 6/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 24, 1950
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/23/50
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Md.

RECEIVED
JUN 27 1950
BUREAU V. R.

Dr Volnick 4710 Liberty Hghts Ave

05989

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6209 Liberty Hghts Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Woodlawn
STREET ADDRESS (If rural, give location) 6209 Liberty Hghts Ave

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (Last) Gumpman

4. DATE OF DEATH (Month) June (Day) 21st (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH 8/29/1885
9. AGE last birthday 64 yrs. If under 1 year Months 9 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Own shop.
10b. KIND OF BUSINESS OR INDUSTRY Barber
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John J. Gumpman
14. MOTHER'S MAIDEN NAME Annie Schaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Grace Gumpman 6209 Liberty Hghts. Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary infarction

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal disease

(c) Arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to June 20, 1950, that I last saw the deceased alive on 6/20, 1950, and that death occurred at 4 45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. J. Volenick M.D. ADDRESS DATE SIGNED 6/22/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 6/24/50
NAME OF CEMETERY ~~OR CREMATORY~~ Woodlawn
LOCATION (City, town, or county) Woodlawn Md. (State)

DATE REC'D BY LOCAL REG. 6/22/50
REGISTRAR'S SIGNATURE R. W. Kedrick
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul st. ADDRESS

Dep.

70089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

05990

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 14 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location): 1112 E. Lombard Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JOHN HALL			4. DATE OF DEATH (Month) (Day) (Year): June 15, 1950		
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: 3-17-1878	9. AGE last birthday: 72 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Lumber Yard	11. BIRTHPLACE (State or foreign country): Bowling Green, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: John Hall		14. MOTHER'S MAIDEN NAME: Nannie Hall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): SAW	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis, far advanced, active, bilateral.	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Inanition	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 6-1-, 1950, to 6-15-, 1950, ~~that I last saw the deceased~~ ~~alive on~~ ~~and that~~ death occurred at 9:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Padget			
PAUL PADGET, M.D.	Chief Pro. Service	VAH, Ft. Howard, Md.	6-15-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-19-50	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/16/50	H. W. Hadrick	Charles R. Law, 802 Madison Ave.,	Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

488 73

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05991

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 15 Old Court Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead
STREET ADDRESS (If rural, give location): Route # 4

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Dennis	Harmon	6/	8/	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	11/15/1899	50 yrs.	7	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm tenant	Mcgaheysville, Va.	U.S.A.

13. FATHER'S NAME: Samuel Dennis Harmon

14. MOTHER'S MAIDEN NAME: Emma Florence Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Pearl Harmon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162x

Immediate cause (a) Carcinoma of both lungs & spine (Primary) — Interval between onset and death: 6 Mos.

47d

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 1950	Carcinoma both lungs & spine	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 4/12/, 19 50, to 6/8/, 19 50, that I last saw the deceased alive on 6-8-, 19 50, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E E Nichols	MD	Pikesville, Md.	6/9/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/10/50	Stone Chapel Cemetery	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/9/50	Dr E E Nichols	Frank H. Newell	Pikesville, Md.

VS. A15

000 VJ

RECEIVED
JUN 12 1950
BUREAU V. S.

05992

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 6905 Homeway

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) (Last) Hartman

4. DATE OF DEATH (Month) June (Day) 30, (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Nov.22,1887

9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore City

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Herman Meinhart

14. MOTHER'S MAIDEN NAME Elizabeth Schattner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Charles Hartman Jr, 2809 W. Mulberry S

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon Monoxide Poisoning

972X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

163H (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Dundalk (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) 6 (Day) 30 (Year) 50 (Hour) 5 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Turned on Gas - (Illuminating)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE J. B. Davis MD (Degree or title) Dept Med. Exam. ADDRESS Dundalk Md DATE SIGNED 7/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 3, 1950

NAME OF CEMETERY OR CREMATORY Schwartz's Cemt.

LOCATION (City, town, or county) 6115 O'Donnell St. (State) Md.

DATE REC'D BY LOCAL REG. 7/3/50

REGISTRAR'S SIGNATURE A W Hedrick R

24. FUNERAL DIRECTOR Clarence F. Hoffmann ADDRESS 1639 Broadway

-13-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05993

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Texas

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 yr 4 mo 16 da.

Hospital, Institution, or street address where death occurred:

Baltimore County Home

How long in hospital or institution? 11 yr. 4 mo. 16 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Woodlawn

(If outside city or town limits, write RURAL and give nearest town)

Street No. .....

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME John J. Hawse

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1878

8. AGE: Years	Months	Days	If less than one day
71	8	16	..... hrs. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Cotton Mill Laborer

11. Industry or business

FATHER 12. Name Daniel Hawse

13. Birthplace Virginia

MOTHER 14. Maiden name Lucy Eliot

15. Birthplace Virginia

16. Informant Mrs. Bessie Humphrey

Address Woodlawn. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-27-50 (month) (day) (year)

Cemetery or crematory Good Shepherd

Location Ellicott City Md

18. Funeral director P.C. Reg Embalmers

Address Ellicott City Md.

19. June 24 19 50 (Date rec'd by registrar) Wm J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 19 50 at 8 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/8 19 39 to 6/24 19 50 and that I last saw him alive on 6/19 19 50

Immediate cause of death	DURATION
Hypostatic Pneumonia	24 hrs
Due to Pathological fracture of left femur.	48 hrs
Due to 733X	
Other conditions Arteriosclerosis - Hbd - 93d Myocarditis -	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Hilmer C. Enson - M.D.

M. D. or other

Address Cockeysville Md. Date signed 6/24/50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect or illegible is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS/A15 9-45-15M

C.H.O.

COPY SENT TO ~~LOCAL BOARD~~ No. ____ DATE 6-27-50

05994

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2601 McComas Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 2601 McComas Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) L. (Last) Heinen

4. DATE OF DEATH (Month) June (Day) 1, (Year) 1950

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH April 9, 1877
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY U.S. Army
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John D. Heiner
14. MOTHER'S MAIDEN NAME Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Rebecca C. Heinen

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Occlusion.	—
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular	10 yrs
		(c) Disease	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Davis MD Dept Med. Exam - Dundalk - [illegible] 6/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 5, 1950
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/2/50
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR ADDRESS Roland L. Fisher, Dundalk, Md.

60846

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05995

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nursing Home
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 812 Regester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2318 Arunah Ave.

3. NAME OF DECEASED (Type or Print): (First) KAROLINE (Middle) (Last) HESS

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Sept. 8, 1855

9. AGE last birthday: 94 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: - Kaufman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Rev. Karl H. Wareheim 3305 E. Pratt St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.2 **Immediate cause** (a) Arteriosclerotic (Infectious) — Years

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1950, to 6/9, 1950, that I last saw the deceased alive on 6/9, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Glenn Galley, MD 5103 Harford Rd 6/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/12/50

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.

LOCATION (City, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: June 10, 1950

REGISTRAR'S SIGNATURE: A. W. Kadisch

24. FUNERAL DIRECTOR: Wm. J. Dickens & Sons

ADDRESS: Balto Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05996

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (in this place) 41 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 4204 Shamrock Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
PETER	A.	HIEBLER	June 15, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widower	1-23-1894	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sales Clerk	Lyon Conklin Co.	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Hiebler	Mary Rissing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW-I	Unknown	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Anoxemia, Malnutrition	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchogenic Carcinoma	4 Months
	(c)	

162 X
47c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-5- VA, 19 50, to 6-15-, 19 50, that I last saw the deceased alive on ..... and that death occurred at 11:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Paul Padget PAUL PADGET, M.D. Chief Med. Service	VAH, Ft. Howard, Md.	6-15-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-19-50	Parkwood Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 17th 1950	R.W.	John F. Denny,	Balto., Md.

27844

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05997

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunnybrook; LENGTH OF STAY (in this place) —; HOSPITAL OR INSTITUTION OR STREET ADDRESS Jarrettsville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunnybrook (Phoenix P.O.); STREET ADDRESS (If rural, give location) Jarrettsville Pike

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) J. (Last) Hilgartner

4. DATE OF DEATH: (Month) June (Day) 8, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 5, 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry M. Hilgartner

14. MOTHER'S MAIDEN NAME: Wilhelmina Most

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Louis J. Hilgartner - same address

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
610x Immediate cause	(a) Congestive Heart Failure	2 wks
Antecedent cause(s)		
137a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatic Hypertrophy c. acute urinary retention	3 yrs ?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary Sclerotic Heart Dis	7 yrs

19a. DATE OF OPERATION: 4/7/50

19b. MAJOR FINDINGS OF OPERATION: Prostatic Hypertrophy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/8, 1943, to 6/8, 1950, that I last saw the deceased alive on 6/4, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clifford F. Hudson M.D. ADDRESS: Fork Md. DATE SIGNED: 6/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: June 10, 1950; NAME OF CEMETERY OR CREMATORY: St. John's Lutheran Cem.; LOCATION (City, town, or county) (State): Blenheim, Ba. Co. Md.

DATE REC'D BY LOCAL REG.: June 9, 1950; REGISTRAR'S SIGNATURE: A.W. Hedrich

24. FUNERAL DIRECTOR: John Burns Sons; ADDRESS: Towson, Md.

A.S.

30285

05998

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton. LENGTH OF STAY (in this place) 85 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 mi. N.W. of Parkton.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton.
STREET ADDRESS (If rural, give location) 5 mi. N.W. of Parkton.

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) Rebecca (Last) Hill.

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow.
8. DATE OF BIRTH April 12, 1865
9. AGE last birthday 85 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Parkton Md. R.D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert W. Miller.
14. MOTHER'S MAIDEN NAME Mary E. Bull.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Florence Alban, Parkton, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Chronic Myocarditis

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE C. M. France (Degree or title) M.D. ADDRESS Parkton, Md DATE SIGNED 6/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE June 21, 1950 NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem. LOCATION (City, town, or county) Parkton, Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. June 20/50 REGISTRAR'S SIGNATURE Chester L. Fulton
24. FUNERAL DIRECTOR J. Jacob Hartenstein ADDRESS New Freedom, Penna.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1980
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05999

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
STREET ADDRESS (If rural give location): Campfield Rd.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) M/ (Last) Hohman

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sep. 21, 1864

9. AGE last birthday: 85 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Conrad ~~Poelman~~ Poehlman

14. MOTHER'S MAIDEN NAME: Henrietta Kienaage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Records Augsburg Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Heart Disease — Interval between onset and death: 10 yrs

443X Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Generalized Arterio-Sclerosis — 10 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1945, to June 14, 1950, that I last saw the deceased alive on June 9, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: Earl L. Chambers (Degree or title) M.D. ADDRESS: 4108 Liberty Hts. Balto - 7 - Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/14/50 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 6-16-50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Paul Hemauer — ADDRESS: 607 Harford Ca

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06000

CERTIFICATE OF DEATH

Reg. Dist. No. 42

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
MARYLAND
LENGTH OF STAY (in this place) 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 242 Clyde Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural give location) 242 Clyde Ave.

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) A. (Last) HOPKINS

4. DATE OF DEATH (Month) June (Day) 19 (Year) 1950.

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7/22/74

9. AGE last birthday 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Lieutenant

10b. KIND OF BUSINESS OR INDUSTRY B+O R.R.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Hopkins

14. MOTHER'S MAIDEN NAME Margaret Lemon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. 705-05-2314

17. INFORMANT Mrs Camilla E. Hopkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	8 days
Antecedent cause(s) 331X	(b) Essential Hypertension	years?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830	(c) Generalized Arteriosclerosis	years?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1949, to June 19, 1950, that I last saw the deceased alive on June 17, 1950, and that death occurred at 1:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Clifton Rossberg M.D. 2411 Washington Blvd Balto 30 Md 6/20/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 6/22/50

NAME OF CEMETERY OR CREMATORY Mt. View

LOCATION (City, town, or county) (State) Howard Co.

DATE REC'D BY LOCAL REG. June 20 50

REGISTRAR'S SIGNATURE Per Kieffer Jr MD

24. FUNERAL DIRECTOR ADDRESS Easton Sons Catonsville

60647 Md.

VS. A15

RECEIVED
JUN 22 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

06001

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7815 Daniel Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Peter (Middle) Hupfeld (Last)
4. DATE OF DEATH (Month) June (Day) 25 (Year) 50

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 4/1871
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dye Work
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Conrad Hupfeld
14. MOTHER'S MAIDEN NAME Anna Marie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Howard F. Hupfeld

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) P. McCormine M.D. ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 6/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 28.50
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 6-27-50
REGISTRAR'S SIGNATURE L
24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. ADDRESS Baltimore Md. George F. Sander

496 88

06002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE MANOR — LENGTH OF STAY (in this place): 6 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5922 CECIL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE MANOR
STREET ADDRESS (If rural, give location): 5922 CECIL AVE.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) NICHOLAS (Last) HUPFL
4. DATE OF DEATH: (Month) JUNE (Day) 22 (Year) 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 17, 1915
9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUTCHER
10b. KIND OF BUSINESS OR INDUSTRY: MEAT
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: NICHOLAS HUPFL
14. MOTHER'S MAIDEN NAME: KATHERINE BARBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NONE
16. SOCIAL SECURITY No.: 215-09-9657
17. INFORMANT AND ADDRESS: KATHERINE HUPFL 5922 CECIL AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 2-7/65

002X Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to June 24, 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE: S. Lloyd Johnson (Degree or title) M.D. — ADDRESS: Catonsville Md — DATE SIGNED: 6/24/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 6-25-50 — NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE — LOCATION (City, town, or county) (State): HOWARD COUNTY Md

DATE REC'D BY LOCAL REG.: 6/24/50 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: GEO. L. Schwab — ADDRESS: 2101 FREDERICK AVE. BALTO., MD.

45261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 26 1950
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

06003

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-T

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 61 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17; STREET ADDRESS (If rural, give location) 1367 N. Stockton Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ADDISON	(NMI)	JACKSON	June 27 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Negro	Married	11-9-93	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Elevator Operator	Home Friendly Inc.	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Jackson	Sophie Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW I	217-05-8287	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) UREMIA	2 months +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIOVASCULAR DISEASE	Unknown
443X 93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 27, 1950, to June 27, 1950, and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Paul Padget.	PAUL PADGET, M. D., Chief, Medical Service, VAH, Fort Howard, Maryland	6-27-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-30-50	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/28/50	A W. Hedrick	Thomas E. Kelson	1303 Presstman St., Baltimore, Maryland

JT

730 80

06004

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1023 H. Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
STREET ADDRESS (If rural, give location): 1023 H. Street

3. NAME OF DECEASED (Type or Print): (First) James (Middle) M. (Last) Jackson

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Sept. 25 1885

9. AGE last birthday: 64 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward C. Jackson

14. MOTHER'S MAIDEN NAME: Lelia McDuffie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Lola E. Jackson, Sparrows Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 20 years

002x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-45, 19..., to 6-2, 19 50, that I last saw the deceased alive on 6-1, 19 50, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE: L B Loudon, M.D. (Degree or title)

ADDRESS: 520 D St. Sparrows Pt

DATE SIGNED: 6-2-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 5 1950

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: June 5-50

REGISTRAR'S SIGNATURE: Dawson L. Barber

24. FUNERAL DIRECTOR: Roland L. Fisher, Dundalk, Md.

ADDRESS

356 29

RECEIVED
JUN 7 1950
BUREAU V. B.

06005

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Baltimore

City or town: Landsdowne (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Landsdowne (If outside city or town limits, write RURAL and give nearest town)

Street No. 318 3rd ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Petronella Barbara Jackson

3.(b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: James T. Jackson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 1, 1873

8. AGE: Years 76 Months 7 Days 4 If less than one day ..... hrs. ..... min.

9. Birthplace: Pittsburgh, Pa. (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER 12. Name: Peter Burgart

13. Birthplace: Pa.

MOTHER 14. Maiden name: Gertrude Auer

15. Birthplace: Pa.

16. Informant: James T. Jackson

Address: 318 3rd ave. Landsdowne

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 9, 1950 (month) (day) (year)

Cemetery or crematory: Holly Cross

Location: Ritchie Highway A.A. Co.

18. Funeral director: Frederick A. Cole

Address: 1913 W. Baltimore St

19. 6/8/50 (Date rec'd by registrar) 19 ..... A. W. Hedrich M.S. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5 1950, at 4 45 PM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 8 1947, to June 5 1950 and that I last saw h. E.R. alive on June 4 1950

Immediate cause of death: Carcinoma Liver — DURATION: 12 mos.

Due to

Due to

Other conditions: Fracture, neck rt. rt Femur — 1½ mos.

(Include pregnancy within 3 months of death)

156.1

Major findings of operations

186a Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. Luther Rossberg M.D. M. D. or other

Address: 2441 Washington Blvd. Date signed: 6/7/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

T

Gi. 0289

06006

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesterwood Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 2806 Old North Point Road

3. NAME OF DECEASED (Type or Print) (First) Homer (Middle) Arnold (Last) Jarvis
4. DATE OF DEATH (Month) June (Day) 12 (Year) 1950

5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH Sept. 24, 1936
9. AGE last birthday 13 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Denver C. Jarvis
14. MOTHER'S MAIDEN NAME Gatha O. May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Denver C. Jarvis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Drowning

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Sea Creek (CITY OR TOWN) Dundalk (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) 6 (Day) 11 (Year) 50 (Hour) 4:00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell from board into water - Could not swim

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. B. Davis M.D. (Degree or title) Dept Med. Exam. ADDRESS Dundalk Md DATE SIGNED 6/13/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 15, 1950
NAME OF CEMETERY OR CREMATORY Elana Cemetery
LOCATION (City, town, or county) (State) Elana, West Virginia

DATE REC'D BY LOCAL REG. June 14-1950
REGISTRAR'S SIGNATURE W. M. Kelly J.
24. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 16 1950
BUREAU W. B.

06007

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto 20 — LENGTH OF STAY (in this place): 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Stonsbury Manor C-7 Alderdrive.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location): J.M.C.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Canning (Last) Keenan
4. DATE OF DEATH: (Month) June (Day) 12 (Year) 50
5. SEX: Male
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: June 20 1894
9. AGE last birthday: 50 yrs. 55 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Navy Aeronautics
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov.
11. BIRTHPLACE (State or foreign country): Philadelphia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Keenan
14. MOTHER'S MAIDEN NAME: Isabella Canning
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Estelene Keenan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. M. Carmine M.D. (Degree or title) Deputy Medical Examiner Balto. Co. Dundalk 22 Md — DATE SIGNED: 6/12/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: 6/15/50 — NAME OF CEMETERY ~~OR CREMATORY~~: Harleigh — LOCATION (City, town, or county) (State): Camden N.V.

DATE REC'D BY LOCAL REG.: 6/13/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Wm Cook Inc. 1217 St. Paul St. — ADDRESS

51

XVX97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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06008

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halbrook
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halbrook
STREET ADDRESS (If rural, give location) Randallstown R.D.

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Henry (Last) Kelley
4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 29 1878
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant - Retired
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Thomas Kelley
14. MOTHER'S MAIDEN NAME: Virginia Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs Annie L. Kelley - Randallstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

422.1 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10/, 1950, to 6/14/, 1950, that I last saw the deceased alive on 6/14/, 1950, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown, Md 6/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: June 16 1950 | NAME OF CEMETERY OR CREMATORY: Mt Paran | LOCATION (City, town, or county) (State): Near Randallstown, Md.

DATE REC'D BY LOCAL REG. 6/14/50 | REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR ADDRESS: C. Harry Weer - Lyndonville, Md.

VS-A15

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RECEIVED
JUN 23 1950
BUREAU V. S

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06009

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1505 Braddish Avenue ✓

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) H. (Last) KIRWAN

4. DATE OF DEATH (Month) June (Day) 20, (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 2-5-1881

9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Detective (Unemployed)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Edward Kirwan

14. MOTHER'S MAIDEN NAME Amelia Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 X Immediate cause (a) Bronchogenic Carcinoma, right lower lobe

47c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 Months plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 6-13-, 1950, to 6-20-, 1950 ~~that I last saw the deceased~~ ~~[illegible]~~ death occurred at 12:45 A.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. Chief Medical Service VAH, Ft. Howard, Md. 6-20-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/23/50

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/21/50

REGISTRAR'S SIGNATURE H.W. Hedrick Dm

24. FUNERAL DIRECTOR Wm. J. Tickner Wm J Tickner Balto. Md. ADDRESS

B.V.B. 60699

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 96010 58

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: BALTO.
City or town: Lake Falls
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? LIFE
Hospital, institution, or street address where death occurred:
1202 W. LAKE AVE.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MD. County: BALTO.
City or town: LAKE FALLS
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1202 W LAKE AVE.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: MARGARET PEMBROKE KOCH

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	SINGLE

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) NOV. 2, 1949

8. AGE: Years | Months: 7 | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: BALTO., MD. (City)
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: ROBERT J. KOCH
13. Birthplace: BALTO, MD.

MOTHER
14. Maiden name: MARIETTA BELT
15. Birthplace: BALTO., MD.

16. Informant: R. J. KOCH
Address: 1202 W. LAKE AVE.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 6 3 1950 (month) (day) (year)

Cemetery or crematory: NEW CATHEDRAL
Location: BALTO.

18. Funeral director: H. W. JENKINS & SONS
Address: 4905 YORK RD.

19. 6/5 1950 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-3 1950 at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-3 1949 to 6-3 1950
and that I last saw h..... alive on 6-2-50 1950

Immediate cause of death	DURATION
Aspiration of food	
Due to Congenital malformation of heart	Since birth
Due to Paraxysmal tachycardia	5 wks
Other conditions Myocardial failure (Include pregnancy within 3 months of death.)	

Major findings of operations: None
Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Thomas F Daniels M. D. or other
Address: 4 E Eager St. Date signed 6-3-50

06011

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 23 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2806 Grindon Avenue

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) (NMI) (Last) KOEHLER
4. DATE OF DEATH (Month) (Day) (Year) June 15, 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-9-87
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Koehler
14. MOTHER'S MAIDEN NAME Amelia Imfang
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 186-01-5101
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
177x Immediate cause	(a) Carcinoma of prostate with metastases to liver and bone marrow	Unknown
51b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 5-23-, 1950, to 6-15-, 1950, ~~that I last saw the deceased~~ ~~[illegible]~~ ~~[illegible]~~ death occurred at 6:08 A m., from the causes and on the date stated above.

SIGNATURE R.J. Lipin R.J. LIPIN, M.D. (Degree or title) Acting Chief Surgical Service ADDRESS VAH, Ft. Howard, Md. DATE SIGNED 6-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/19/50
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 6-16-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Leonard J. Ruck, ADDRESS Balto., Md.

34009

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06012

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. X3

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4223 Cardwell Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 4223 Cardwell Ave

3. NAME OF DECEASED (Type or Print) (First) Emily (Middle) C. (Last) Krauch

4. DATE OF DEATH (Month) June (Day) 5 (Year) 1950

5. SEX F.

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb 21 1895

9. AGE last birthday 55 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Balto

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Charles Stansbury

14. MOTHER'S MAIDEN NAME C. Elizabeth Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Robert E. Krauch 4223 CARDWELL AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	12 days
443X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular or	2 yrs
	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1950, to June 5, 1950, that I last saw the deceased alive on June 5, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. Edith H. Benson ADDRESS 1 W. Overlea Ave DATE SIGNED Balto Md.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE JUNE 8 1950
NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY
LOCATION (City, town, or county) WOODLAWN (State) MD.

DATE REC'D BY LOCAL REG. 6/7/50
REGISTRAR'S SIGNATURE H. W. Hedrick Jm
24. FUNERAL DIRECTOR Dippel Bros ADDRESS 7110 BELAIR RD

06013

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County: Balto.

City or town: Rural Freeland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Rural Freeland
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Freeland Md. R.D.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: CALVIN LUTHER KREBS

3.(b) Social Security Number:

4. Sex: Male

5. Color or race: white

6.(a) ~~Single, married, widowed, or divorced~~ widowed: Castilla Smith Krebs

6.(b) Name of husband or wife: Castilla Smith Krebs

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 27, 1863

8. AGE: Years 87 | Months 4 | Days 27 | If less than one day ..... hrs. ..... min.

9. Birthplace: York Co. Pa.
(Town, county, and state)

10. Usual occupation: Farmer - Retired

11. Industry or business: Farming Farm owner

FATHER
12. Name: Adam Krebs
13. Birthplace: York Co. Pa.

MOTHER
14. Maiden name: Mary Ann Warner
15. Birthplace: York Co. Pa.

16. Informant: Mrs Walter G. Masimore
Address: Freeland Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 27, 1950 (month) (day) (year)

Cemetery or crematory: St Jacobs (Stone Church)

Location: Brodbeck Pa. R.D.

18. Funeral director: H Geiple & Son Per Geo E Geiple
Address: Glen Rock, Pa.

19. 6/26 1950 (Date rec'd by registrar) Charles L. Fulton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 24 1950, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 10 1949, to June 21 1950 and that I last saw him alive on June 21 1950

Immediate cause of death: Arteriosclerosis — DURATION: 15 yrs

Due to

Due to

Other conditions: none

450.0
97
(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Louis Schatanoff M. D. or other

Address: New Freedom, Pa Date signed 6-26-50

Md. Line Charles L. Fulton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 7 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06014

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
MARYLAND
LENGTH OF STAY (in this place): 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McDonough & Winands Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
STREET ADDRESS (If rural, give location): McDonough & Winands Rds.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) H. (Last) Laabs

4. DATE OF DEATH: (Month) June (Day) 2, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/30/ 1907

9. AGE last birthday: 43 yrs. If under 1 year: Months. 2 Days. 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal

10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gustar H. Laabs

14. MOTHER'S MAIDEN NAME: Anne E. Richter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-05-5211

17. INFORMANT: Mrs. Elsie C. Krebs McDonough Rd. Randallstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154x

Immediate cause (a) Carcinoma of Rectum and Sigmoid — Interval Between Onset and Death: 1 Yr.

Antecedent cause(s)

46 2

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma- Colostomy Performed

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1950, to 6/2/50, 19....., that I last saw the deceased alive on 6/1/, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: H. E. Michels (Degree or title) MD — ADDRESS: Pikesville-8, Md. — DATE SIGNED: 6/2/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/5/50 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Balto. County Md.

DATE REC'D BY LOCAL REG. 6/2/50 — REGISTRAR'S SIGNATURE: H E Michels

24. FUNERAL DIRECTOR: George J. Ruth Inc. — ADDRESS: 1735 Harford Rd. Balto.-13, Md.

XV x 33

RECEIVED
JUN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06015

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest Town) OR TOWN Pikesville — LENGTH OF STAY (In this place) 3½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6811 Campfield Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 6811 Campfield Rd

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) (Last) Saubrecht

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1950

5. SEX: F. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: July 15, 1869 — 9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY: — — 11. BIRTHPLACE (State or foreign country): Balto — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Saubrecht — 14. MOTHER'S MAIDEN NAME: Mary Bennewitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Arterio-Sclerotic Heart Disease — 10 yrs?

938 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arterio-Sclerosis — 5 yrs.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1947, to July 31, 1950, that I last saw the deceased alive on July 31, 1950, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE: Earl L. Chambers M.D. — (Degree or title) — ADDRESS: 4108 Liberty Hts Ave Baltimore 7 Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 3. 50 — NAME OF CEMETERY OR CREMATORY: Balto. — LOCATION (City, town, or county): Balto City — (State)

DATE REC'D BY LOCAL REG. 8/2/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Heemann Funeral Home — ADDRESS: 867 Hollins 21

BIRTH NO. (OVER)

CERTIFICATE OF DEATH

Registered No. 40 06016

1. NAME OF DECEASED (Type or Print): Richard Edwin Lang Twin #2

2. DATE OF DEATH: June 10, 1950

3. PLACE OF DEATH: A. Baltimore ~~City~~, Maryland — Glen Arm, Balto. Co., Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GLENARM - Md.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glen Arm
D. STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Single	Dec. 31, 1949		5	10		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Lang
14. MOTHER'S MAIDEN NAME: Gertrude E. Gamon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS: Mr. Charles E. Lang - Glenarm Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes ?
DUE TO

762.0
161a
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) At, autopsy, nothing abnormal was found. Did not examine brain (6/16/50 ako)
DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1, 1950, *to* June 11, 1950, *that I last saw the deceased alive on* May, 1950, *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.: H.C. Wharton Smith | 23B. ADDRESS: 102 W. University Pky. Balto. Md. | 23C. DATE SIGNED: June 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/12/50	London Park	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/12/50	A. W. Hedrick	L. J. Ruck	5305 Harford Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for addition in
#18 shown on:

FILM No. G 126 JUN 16 1950

06017

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 21 yrs., 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2716 Edmondson Ave.
STREET ADDRESS (If rural, give location) Baltimore City

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) CATHERINE (Last) LEE
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec. 3, 1881
9. AGE last birthday 68 yrs. If under 1 year Months 6 Days 23 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Benjamin F. Lee
14. MOTHER'S MAIDEN NAME Catherine A. Bond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Spring Grove Hospital Records, Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	24 hours
570.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 122 b	(b) Intestinal Obstruction	1 week
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1929, to June 26, 1950, that I last saw the deceased alive on June 26, 1950, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE Albert A Kurland MD (Degree or title) ADDRESS Spring Grove State Hospital, Catonsville Maryland DATE SIGNED 6/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/29/50
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. 6/27/50
REGISTRAR'S SIGNATURE A. W. Hedrick JT
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

06018

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3013 Florida av

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands
STREET ADDRESS (If rural, give location) 3013 Florida Ave

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Richard (Last) Lesner
4. DATE OF DEATH (Month) June (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5/24/1901
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Polisher
10b. KIND OF BUSINESS OR INDUSTRY Care Lowry Glass Co
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nicholas J. Lesner
14. MOTHER'S MAIDEN NAME Caroline Roth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-05-5187
17. INFORMANT Mrs Frances E. Lesner 3013 Florida Av Balto Highlands

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo W. Kieffer (Degree or title) MD Clerk Med Exam Balto Co ADDRESS 1010 Leadvan DATE SIGNED June 25 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/27/50
NAME OF CEMETERY OR CREMATORY Loudon Pk Cem
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. June July 26 50
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR E. Willis Lamoreau ADDRESS 1003 W. Baltimore St

49617

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 28 1960
BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06019

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 25
STREET ADDRESS (If rural, give location): 3700 6th. Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HUBERT	C.	LEWIS	June 9, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	5-8-93	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter - Retired	Self employed	Richmond Co., Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dorsey Lewis	Emma Haynie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	None	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY EMBOLUS	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY THROMBOSIS	2½ days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 7, 1950, to June 9, 1950, and that death occurred at 11:25 A.m., from the causes and on the date stated above.

SIGNATURE: Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D., Chief Medical Service - VAH, Fort Howard, Maryland 6-9-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-12-50	Glen Haven Memorial Park	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-12-50		John F. Denny, Inc. - Light & Montgomery	Baltimore, Maryland

06020

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON
LENGTH OF STAY (in this place) 1 yr. 1 mo. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural, give location) 402 Cummings Lane

3. NAME OF DECEASED (Type or Print) (First) Gustav (Middle) Ernst (Last) Lundell
4. DATE OF DEATH (Month) June (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH J2n. 11, 1881
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist
10b. KIND OF BUSINESS OR INDUSTRY National Bureau of Standards
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ernst Oscar Lundell
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
334x Immediate cause	(a) Bronchopneumonia	Terminal
107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	2 yrs. +
	(c) Generalized Arteriosclerosis	2 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis 2 yrs +

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1950, to June 8, 1950, that I last saw the deceased alive on June 8, 1950, and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL DATE SIGNED
M. W. Elgin. M.D. Towson - Md 6/8/50

23. BURIAL, CREMATION REMOVAL (Specify) To be sent in by Fun. Dir.
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6-8-50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR S. H. Hines Co.
ADDRESS 2901-14 st N.W. Wash. D.C.

V0693

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06021

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS McDonogh Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
STREET ADDRESS (If rural, give location) McDonogh Road

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Christiana (Last) Machen

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 4, 1868
9. AGE last birthday 81 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Asa Smith
14. MOTHER'S MAIDEN NAME Rachel Ellen Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Roy S. Kimmey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hour

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/24/, 1950, to 6/24/, 1950 that I last saw the deceased alive on 6/24/, 1950, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE Wm. E. Martin (Degree or title) M.D. ADDRESS Randallstown Md DATE SIGNED 6/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/26/50
NAME OF CEMETERY OR CREMATORY Jessup
LOCATION (City, town, or county) Cockeysville (State) Md

DATE REC'D BY LOCAL REG. 6/25/50
REGISTRAR'S SIGNATURE Wm. E. Martin
24. FUNERAL DIRECTOR Horace Burgee & Son ADDRESS 3831 Falls Road Balto Md

M

I

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06022

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baeto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 83
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Tustin ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md ~~COUNTY~~ Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Mellor Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Walter J H Marsden

4. DATE OF DEATH (Month) (Day) (Year) 6 14 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 14/1861
9. AGE last birthday 88 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ticket Agent
10b. KIND OF BUSINESS OR INDUSTRY Penn R.R.
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Marsden.
14. MOTHER'S MAIDEN NAME Susan Mellor.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Sarah Peddicord.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Decompensation	2 mo.
443X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Hypertensive Cardio-Vascular Disease	15 yr (?)
	(c)	

If. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 27, 1949, to June 14, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 5:10 a. m., from the causes and on the date stated above.

SIGNATURE Wilmer K. Gallager M.D. (Degree or title) ADDRESS Catonsville-28, Md. DATE SIGNED 6-15-40

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/16/50
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) (State) Balto.

DATE REC'D BY LOCAL REG. 6/16/50
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Mae Nabb-Son. ADDRESS

51047

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 19 1950
BUREAU V. S.

06023

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Mellor ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 12 Mellor ave

3. NAME OF DECEASED (Type or Print) (First) Bernard (Middle) L (Last) McCrea
4. DATE OF DEATH (Month) June (Day) 24 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 22 1903
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Depart Store
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jesse L McCrae
14. MOTHER'S MAIDEN NAME Ann H Hobbie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Louise W Dixon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation by

974x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hanging

164a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) June (Day) 24 (Year) 50 (Hour) 10 a m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hung himself from rafters in attic with rope

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Jer W. Kieffer M.D. Dep Med Exam Balto Co.
ADDRESS 1010 Leeds ave
DATE SIGNED June 24 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/26/50
NAME OF CEMETERY OR CREMATORY Old Salem Lutheran
LOCATION (City, town, or county) Catonsville (State) Md
DATE REC'D BY LOCAL REG. 6-26-50
REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR Mac Nabb and Son
ADDRESS

27879

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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(389)

RECEIVED
JUN 28 1950
BUREAU V. S.

06024

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH · COUNTY: BALTIMORE COUNTY · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND · COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OVERLEA · LENGTH OF STAY (in this place): 50 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KENWOOD
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GUMSPRING ROAD.	STREET ADDRESS (If rural, give location): GUMSPRING RD

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) BAXTER	(Last) McLEAN	4. DATE OF DEATH	(Month) JUNE (Day) 9 (Year) 1950
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: MAY 22 1861	9. AGE last birthday: 89 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Mio.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED - Self empl.	10b. KIND OF BUSINESS OR INDUSTRY: PAINTER	11. BIRTHPLACE (State or foreign country): BALTIMORE	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: WILLIAM WEST McLEAN	14. MOTHER'S MAIDEN NAME: GEORGE ANNA FRANCES THOMPSON.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No · (If year, give war or dates of service): —	16. SOCIAL SECURITY No.: NONE	17. INFORMANT AND ADDRESS: WILLIAM W. McLEAN GLENARM MD.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331x Immediate cause	(a) CEREBRAL HEMORRHAGE	9 days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBRAL ARTERIOSCLEROSIS	3 YRS. +
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ARTERIOSCLEROTIC HEART DISEASE	3 YRS.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30, 1950, to 6/9, 1950, that I last saw the deceased alive on 6/9, 1950, and that death occurred at 6:20 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jm W McLean MD		6331 Belair Rd. Balto (6) Md.	6/10/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JUNE 12 1950	HISS METHODIST CEMETERY	PUTTYHILL R + HARFORD RD MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/12/50	A. W. Hedrick	Dippel Bros.	7110 BELAIR ROAD

340V9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06025

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towsonville Manor; LENGTH OF STAY (in this place) 6 Months.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1410 Dorchester Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 347 S. Bentalou St.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Eugene (Last) Meushaw

4. DATE OF DEATH: (Month) June (Day) 11, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 8, 1918

9. AGE last birthday: 32 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker

10b. KIND OF BUSINESS OR INDUSTRY: Furniture & Lumber

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Vernon Meushaw

14. MOTHER'S MAIDEN NAME: Mary Lavera Stolzenbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) World War II

16. SOCIAL SECURITY No. ?

17. INFORMANT AND ADDRESS: Anna May Meushaw 347 S. Bentalou St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, right testicle — Interval Between Onset and Death: 14 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

178 x

51C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1949, to June 11, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE: D.C. MacLaughlin (Degree or title) M.D. ADDRESS: 4508 Edmondson Village Baltimore-27 Maryland DATE SIGNED: 6/12/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 14, 1950 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 6-13-50 | REGISTRAR'S SIGNATURE: V E. Harry

24. FUNERAL DIRECTOR: George L. Schwab ADDRESS: 2101 Frederick Ave.

42067

RECEIVED
JUN 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06026

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): since 8/23/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
STREET ADDRESS (If rural, give location): 6001 Tanglewood Drive

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) (Last) MININGER

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug. 4, 1880

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chris Mininger

14. MOTHER'S MAIDEN NAME: Margaret Lotte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital record, Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x

Immediate cause (a) Cerebral vascular accident — Interval Between Onset and Death: 3 days

Antecedent cause(s)

830

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arterio-sclerosis — indef.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 23, 1949, to June 3, 1950, that I last saw the deceased alive on June 3, 1950, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William M Schneidmuhl M.D. — ADDRESS: Spring Grove Hospital — DATE SIGNED: June 3, 1950

Abraham M. Schneidmuhl, M. D.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: June 6, 1950 — NAME OF CEMETERY OR CREMATORY: Prospect Hill — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 6/3/50 — REGISTRAR'S SIGNATURE: V.E. Harry

24. FUNERAL DIRECTOR — ADDRESS: S.H. Hines Co - Washington D.C.

52086

RECEIVED
JUN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06027

Reg. Diat. No. 42

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1. PLACE OF DEATH:

County BALTIMORE

City or town ARBUTUS MD
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County BALTIMORE

City or town ARBUTUS
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5304 EAST DRIVE
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME WALTER T. MORRISON.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6.(b) Name of husband or wife LOTTIE MORRISON. 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCTOBER 7, 1887

8. AGE: Years	Months	Days	If less than one day
62			hrs. min.

9. Birthplace MARYLAND. (Town, county, and state)

10. Usual occupation RETIRED FREIGHT CONDUCTOR.

11. Industry or business PENNA R.R.

FATHER 12. Name THEODORE MORRISON

13. Birthplace MARYLAND.

MOTHER 14. Maiden name ANNIE DOWNEY

15. Birthplace MARYLAND

16. Informant MRS. KATHERINE A. JOHNSON

Address 5304 EAST DRIVE, ARBUTUS.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof JUNE 16, 1950 (month) (day) (year)

Cemetery or ~~crematory~~ Woodlawn.

Location

18. Funeral director Austin E. Donovan

Address 3818 Roland Ave

19. June 14 1950 (Date rec'd by registrar) A W Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 13, 1950 at 7 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31 1950, to June 13 1950 and that I last saw him alive on June 13 1950

Immediate cause of death	DURATION
Chronic Myocarditis	1 year
Due to	
Due to	
Other conditions Cerebral hemorrhage with paralysis of right side of body (Include pregnancy within 3 months of death)	5 months

4222

Major findings of operation

932

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Benjamin Sarubin M.D. M. D. or other

Address 2138 W North Ave Date signed 6/14/50

Evidence for addition in #18 shown on:

06028

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 127 JUL 31 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (In this place): Approx. 40 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 1655 Yakona Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	C.	MOSZNER	June	22,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	3-13-21	29 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cabinet Maker	Furniture	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elmer Moszner	Geneva M. Hoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes WW-2	Unknown	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Right Temporal and parietal lobe hemorrhage of brain: Subarachnoid hemorrhage.	Less than 24 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cause Undetermined waiting further examination.	
764.6 157f	(c) Autopsy: Ruptured congenital aneurisms of cerebral arteries. (7-31-50 - ams)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. M. Carmine M.D.	Baltimore County	
W. M. CARMINE, M. D. Deputy Medical Examiner, Balto Ave., Dundalk, 22, Md.		6-23-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 26, 1950	Moreland Memorial	Taylor Avenue

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 24 1950	R. W.	Mildred I. Blight	6009 Harford Rd

3089

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06029

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-CARNEY
LENGTH OF STAY (in this place) 6 WKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO.
STREET ADDRESS (If rural, give location) 1002 E. CHASE ST.

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) F. (Last) MULLEN

4. DATE OF DEATH: (Month) 6 (Day) 17 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MAR. 19, 1874

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: EDWARD ROBERTS

14. MOTHER'S MAIDEN NAME: FOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: G. M. MULLEN 530 RADNOR AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY OCCLUSION

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DIABETES MELLITUS

61 (c) GENERALIZED ARTERIOSCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12, 1950, to 6-12, 1950, that I last saw the deceased alive on 6-12, 1950, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE Albert C. Herrmann (Degree or title) ADDRESS 2921 E. Federal St. DATE SIGNED 6-13-50.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 6-15-1950

NAME OF CEMETERY OR CREMATORY: MORELAND MEMORIAL

LOCATION (City, town, or county) (State): BALTO. Co., MD.

DATE REC'D BY LOCAL REG. 6/14/50

REGISTRAR'S SIGNATURE: A. M. Hedrick

24. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO.

ADDRESS: 4905 YORK RD.

VS. A15

DR. A HERRMANN
2921 E. FEDERAL

06030

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH COUNTY Baltimore County Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 Shady Nook Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 110 E 25th St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) A (Last) Myers
4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH Nov. 7/ 1879
9. AGE last birthday 70 yrs. | If under 1 year Months 7 Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prof. of English
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles H Myers
14. MOTHER'S MAIDEN NAME Annie Dorothea John

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Walter E Myers (Lutz Fla.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Degenerative Cardiovas. Disease 2 mon

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paget's Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1950, to 6-8, 1950, that I last saw the deceased alive on 6-8-50, 19..., and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE James Howell (Degree or title) ADDRESS 715 Frederick Ave DATE SIGNED 6-9

23. BURIAL, CREMATION REMOVAL (Specify) Cremation | DATE THEREOF 6/8/50 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) (State) Frederick Ave. Balto. Md.

DATE REC'D BY LOCAL REG. 6/9/50 | REGISTRAR'S SIGNATURE H.W. Hedrick Dm | 24. FUNERAL DIRECTOR 1900 Eutaw St. ADDRESS Jr. Mitchell & Son

V1091

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

715

06031

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Guilford, Howard County, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) - (Last) Myers

4. DATE OF DEATH (Month) JUNE (Day) 3 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12/25/1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmhand
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ernest Myers
14. MOTHER'S MAIDEN NAME Catherine Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Nephew: Mr. Nathaniel Barnes, Jessups, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.7
186a

Immediate cause (a) fracture of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension cardio vascular

(c) disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) hospital (CITY OR TOWN) Catonsville (COUNTY) Balt (STATE) Md
TIME OF INJURY (Month) June (Day) 2 (Year) 50 (Hour) 11-10 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell on floor going to bath room hit his head on floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo M. Kieffer MD Deep Med Exam of Balt Co 1010 Leeds on June 5, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-6-50
NAME OF CEMETERY OR CREMATORY Garage
LOCATION (City, town, or county) (State) Garage Md

DATE REC'D BY LOCAL REG. 6/6/50
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR ADDRESS Dewitt Donaldson, Laurel Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVE
JUN 7 1950
BUREAU V. S.

Evidence for addition in 18 shown on:

FILM No. G 126 JUN 29 1950

06032

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Holbrook — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Randallstown
STREET ADDRESS (If rural, give location): Wards Chapel Road

3. NAME OF DECEASED (Type or Print) (First): Katie (Middle): — (Last): Naill

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 23, 1880
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Bedecker
14. MOTHER'S MAIDEN NAME: Louisa Asa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Melvin Orem - Marriottsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 6 days

170x Antecedent cause(s) (b) Carcinomatosis — ?

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Primary site: Carcinoma of Breast (629/50 akc)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1949, to 6/14/, 1950, that I last saw the deceased alive on 6/13/, 1950, and that death occurred at 11:50 P. m., from the causes and on the date stated above.

SIGNATURE: Wm. E. Martin — (Degree or title): M. D. — ADDRESS: Randallstown, Md — DATE SIGNED: 6/15/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 17, 1950 — NAME OF CEMETERY OR CREMATORY: Wards Chapel — LOCATION (City, town, or county): Holbrook, Balto Co. — (State): Md.

DATE REC'D BY LOCAL REG.: 6/15/50 — REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR: C. Harry Weer — ADDRESS: Lykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A12

I

RECEIVED
JUN 23 1950
BUREAU V. S.

06033

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): 1 mo. 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRING GROVE STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 2639 WILKINS AVE.

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) THORPE (Last) NELCK
4. DATE OF DEATH: (Month) JUNE (Day) 11 (Year) 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: 11/17/1892
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUS
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE NELCK
14. MOTHER'S MAIDEN NAME: ANNA HESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ANASARCA — 6 WKS

155x Antecedent cause(s) (b) CARCINOMA OF LIVER with multiple metasasis

46f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: JUNE 9, 1950
19b. MAJOR FINDINGS OF OPERATION: INOPERABLE CARCINOMA LIVER
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1950, to 6/11, 1950, that I last saw the deceased alive on 6/11, 1950, and that death occurred at 6:45 a.m. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Percy H. Sutley MD — ADDRESS: Spring Grove State Hosp. — DATE SIGNED: June 11, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 13/50 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): 4300 Old Fredk. Rd. Balto. Md.

DATE REC'D BY LOCAL REG.: 6/12/50 — REGISTRAR'S SIGNATURE: A.W. Heduck — 24. FUNERAL DIRECTOR: Harry H. Nietzke, 4101 Edmondson Ave. — ADDRESS: XVX 99

VS. A14

1 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06034

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 29 yrs. 8 mont, 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 1120 Forest Street FORREST
STREET ADDRESS (If rural, give location): Baltimore City

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	M.	O'BRIEN	June	7	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Divorced	Sept. 8, 1877	72 yrs.	8	30		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	Accounting	Maryland	U.S.

13. FATHER'S NAME: Martin O'Brien

14. MOTHER'S MAIDEN NAME: (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no			Spring Grove St. Hospital Records, Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized, severe	Indefinite
	(c) Tuberculosis --fibroid, of right lung, secondary to (b)	

002x 13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 10, 1920, to June 7, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE: Cliff Caleff Jr. (Degree or title) ADDRESS: Spring Grove Hosp DATE SIGNED: 6/8/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/12/50	Cathedral Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 10th 1950	R.W.	H. H. Meare & Son,	805 N. Calvert St.

21093

06035

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgmere
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural, give location) 2343 Ruth Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Pauline Pazdzinski

4. DATE OF DEATH (Month) (Day) (Year) June 27/50 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1893
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Karol Wozniak
14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Frank Pazdzinski 2343 Ruth Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY OCCLUSION	1 day
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIO SCLEROTIC HEART DISEASE	—
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to June 27, 1950, that I last saw the deceased alive on June 22, 1950, and that death occurred at 9:50A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S Kephew C. Mackowiak M.D. 6714 Holabird Ave 6/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burrial
DATE June 30/50
NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary
LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 6-28-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Fred W Ozazewski ADDRESS 1930 Eastern Ave

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06036

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 6811 Campfield

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) (Last) Pollety

4. DATE OF DEATH (Month) June (Day) 29 (Year) 50 19

5. SEX F

6. COLOR OR RACE W

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) ~~Widow~~

8. DATE OF BIRTH Oct 31, 1860

9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dennis Ridley

14. MOTHER'S MAIDEN NAME Harriet Knotts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Record Augsburg Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-Sclerotic Heart Disease 10 yrs.

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio-Sclerosis 10 yrs.

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1940, to June 29 1950, that I last saw the deceased alive on June 23, 1950, and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Earl L. Chambers M.D. 4108 Liberty Hts. Ave. Balto 7 Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 1 50

NAME OF CEMETERY OR CREMATORY Loudon

LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REG. 6/30/50

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Paul Hsemann ADDRESS

JT

XVX99 6067 Harford Rd

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06037

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1035 Maiden Choice Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1035 Maiden Choice Lane

3. NAME OF DECEASED (Type or Print) (First) VIRGINIA (Middle) E. (Last) POWELL
4. DATE OF DEATH (Month) June (Day) 28, (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Aug. 7, 1865
9. AGE last birthday 84 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME E. Frank Pusey
14. MOTHER'S MAIDEN NAME Elizabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mr. James R. Powell 1035 Maiden Choice La.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anemia – Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 3-4 Months

181x

Antecedent cause(s)

52b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of bladder with metastasis — Several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1950, to June 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 5-30P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John F. Coolahan, M.D. ADDRESS 4201 Wilken's Ave Baltimore 29. Md DATE SIGNED 6/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/1/50
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. 6/30/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md.

JT

06038

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural) — LENGTH OF STAY (in this place) 87 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Big Falls Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural)
STREET ADDRESS (If rural, give location) Big Falls Rd.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Gailey (Last) Price

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH: May 16 1860

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Gailey

14. MOTHER'S MAIDEN NAME: Elizabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Susan Price, Monkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis

4221 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 93d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to June 13 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 4 30 m. from the causes and on the date stated above.

SIGNATURE (Degree or title) E. M. France M.D. — ADDRESS Parkton Md. — DATE SIGNED 6/13/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF June 16 1950 | NAME OF CEMETERY OR CREMATORY Esters | LOCATION (City, town, or county) Monkton (State) Maryland

DATE REC'D BY LOCAL REG. June 17, 1950 | REGISTRAR'S SIGNATURE Mrs Howard S. Marlene | 24. FUNERAL DIRECTOR Landon M. Brooks | ADDRESS

RECEIVED
JUN 21 1950
BUREAU U.S.

06039

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Baltimore

City or town: Turner's Sta. Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 years

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Turner's Sta. Box 4047 (If outside city or town limits, write RURAL and give nearest town)

Street No.: Maryland Batto 22 (If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: Caleb Hughes Price

3. (b) Social Security Number: —

4. Sex: M

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: widow

6.(b) Name of husband or wife: Willie Price

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 9, 1861

8. AGE: Years: 89 Months: 3 Days: 16 If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business: Fishing

FATHER 12. Name: Philip Price

13. Birthplace:

MOTHER 14. Maiden name: Louise Lewis

15. Birthplace:

16. Informant: Mrs Margaret White

Address: Box 4047 Dollars Point

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: June 28, 1950 (month) (day) (year)

REMOVAL

Cemetery or crematory: Loudon Park

Location: Baltimore Md NORTHCUMBERLAND, MA

18. Funeral director: Ulbrich Funeral Home

Address: 2008 Orleans St

19. 6/27 1950 (Date rec'd by registrar) A.W. Heduck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25th 1950, at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15th 1950, to June 25th 1950 and that I last saw him alive on June 25th 1950

Immediate cause of death: Cerebral apoplexy — DURATION: 6 hrs.

Due to: Hypertension and Arteriosclerosis — Indefinite

Due to: Oldage

Other conditions: —

334X (Include pregnancy within 3 months of death)

Major findings of operations: —

83a Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work?

23. SIGNATURE: J. H. Thomas M.D. M. D. or other

Address: 107 N Main St Dundalk 22 Date signed: 6/25/50

400 VI

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 T

M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06040

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: VAH, Fort Howard, Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VAHospital, Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: 1714-Guilford Ave., Balto, Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) VERNON (Middle) Sylvester (Last) PROSSER

4. DATE OF DEATH: (Month) JUNE (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/3/86

9. AGE last birthday: 64 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Freedom, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Artemas A. Prosser

14. MOTHER'S MAIDEN NAME: Mollie Welheilem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 551-24-1343

17. INFORMANT AND ADDRESS: Paul S. Prosser, 1714-Guilford Ave. Balto., Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

16a Immediate cause (a) Erebral Hemorrhage, left Duration sudden

47d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized, Duration Unknown

(c) Carcinoma rt. lung with generalized metastoses

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duration Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 1950, to 6-4, 1950, that I last saw the deceased alive on 6-4, 1950, and that death occurred at 4.05 A m., from the causes and on the date stated above.

SIGNATURE: M. N. Jensen (Degree or title) M.D. ADDRESS: Ft. Howard DATE SIGNED: 6-4-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 6/7/50 NAME OF CEMETERY OR CREMATORY: New Freedom LOCATION (City, town, or county) (State): New Freedom, York Co. Pa.

DATE REC'D BY LOCAL REG. 6/5/50 REGISTRAR'S SIGNATURE: Mrs Hedrick

24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St.

46091

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06041

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3053 Woodside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 3053 Woodside Ave.

3. NAME OF DECEASED (Type or Print): (First) ANDERS (Middle) (Last) RANDRUP

4. DATE OF DEATH: (Month) June (Day) 4, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 9, 1891

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard Rtd

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army

11. BIRTHPLACE (State or foreign country): Denmark

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anders Randrup, Sr.

14. MOTHER'S MAIDEN NAME: Mary Ann Olesen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): yes World 2

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mrs. Ellen M. Randrup 3053 Woodside Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral embolism	10 min.
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis	3 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/21, 1949, to 6/4, 1950, that I last saw the deceased alive on 6/3, 1950, and that death occurred at 5 00 p.m., from the causes and on the date stated above.

SIGNATURE: Harold A. Groth, M.D. (Degree or title) ADDRESS: 8100 Harford Rd. DATE SIGNED: 6/5/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 6/8/50

NAME OF CEMETERY OR CREMATORY: Balto. National

LOCATION (City, town, or county) (State): Balto., Md.

DATE RECD BY LOCAL REG.: 6/5/50

REGISTRAR'S SIGNATURE: H.W. Helfrich

24. FUNERAL DIRECTOR: Wm. J. Dickens & Son **ADDRESS:** Balto Md.

60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06042

Reg. Dist. No. 8-30 Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suburban Halethorpe — LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Brown Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe Suburban
STREET ADDRESS (If rural give location) 116 Brown Terrace

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	E	Reed	June	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Colored	Married	Oct 1888	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Llandaff Va	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Llewellyn Morgan	Mary Suet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Jos B Reed

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	
260X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Cardiovascular disease	
	(c) Diabetes Mellitus	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rev. J. W. Kiefer Jr.	Dr. Med	Dr. Bell's Clinic 1010 Leadenhall	June 12, 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-17-50		Llandaff	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/14/50	A W Reduck	John M Johnson & Son	4700 Hudson

VS-A15A

BIRTH DAY: funeral director's statement by phone 6-19-50 LL

CERTIFICATE OF DEATH

Registered No. 06043

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNA M. ROCHE

2. DATE OF DEATH: June 18, 1950

3. PLACE OF DEATH: A. Baltimore ~~City~~ Co., Maryland — Podgers Forge

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 417 Hopkins Rd.

C. Length of stay in Baltimore: 56 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6015 Pimlico Rd.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May ~~10~~ 20, 1882
9. AGE (In years last birthday): 68 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John J. Byrne
14. MOTHER'S MAIDEN NAME: Mary Meegan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): female — (If yes, give war or dates of service): white
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Joseph G. Feldmann — ADDRESS: 417 Hopkins Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

DUE TO

332X ANTECEDENT CAUSES

(B) Generalized arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

83b

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 26, 1950, *to* June 18, 1950, *that I last saw the deceased alive on* June 16, 1950, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frederick J. Vollmer M. D.
23B. ADDRESS: 6100 York Road
23C. DATE SIGNED: Jun 19, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/21/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 6-19-50
REGISTRAR'S SIGNATURE: A. W. Hedrick
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto Md

VS-150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06044

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 528 "E" ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT.
STREET ADDRESS (If rural, give location) 528 "E" ST.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) H. (Last) ROHR

4. DATE OF DEATH (Month) JUNE (Day) 4 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH AUG. 15, 1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet ~~REAL ESTATE~~ metal worker
10b. KIND OF BUSINESS OR INDUSTRY Real Estate Co. DUNDALK CO.
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME GEORGE H. ROHR
14. MOTHER'S MAIDEN NAME EMMA BAILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS LILLIE M. ROHR 528 "E" ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	1 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Generalized Arteriosclerosis	5 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis of spine — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to June 4, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE James T. Means (Degree or title) M.D. ADDRESS 520 D Street DATE SIGNED 6/5/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 6/8/50
NAME OF CEMETERY OR CREMATORY OAK LAWN CEM
LOCATION (City, town, or county) (State) BALTO. CO. MD.

DATE REC'D BY LOCAL REG. 6/6/50
REGISTRAR'S SIGNATURE H.W. Hedrick DM
24. FUNERAL DIRECTOR ROLAND L. FISHER ADDRESS DUNDALK, MD

36281

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

06045

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonville
STREET ADDRESS (If rural, give location) Liberty Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Grimm (Last) Ruff
4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 50

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 2 1886
9. AGE last birthday: 64 yrs.
If under 1 year: Months — Days
If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Grimm
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT: J. R. Ruff (Husband) Harrisonville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
422.1 93d
(b) Cardio Vascular Disease
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, to 6/1/50, that I last saw the deceased alive on 5/31/50, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. E. Martin, Randallstown 6/1/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: June 3-50
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville - Md.

DATE REC'D BY LOCAL REG. 6/1/50
REGISTRAR'S SIGNATURE: Wm. E. Martin
24. FUNERAL DIRECTOR: Stewart & Mowen Co. ADDRESS: Balto.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06046

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 W. Chesapeake Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural, give location) 715 Stoneleigh Rd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) B. (Last) RUSSELL

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 23, 1870

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Financing - Rtd

10b. KIND OF BUSINESS OR INDUSTRY: House Furnishing

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emory Russell

14. MOTHER'S MAIDEN NAME: Sally Ann Trehearne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mrs. Ada C. Russell - 715 Stoneleigh Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Larynx	4-6 months
161x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47a	(b) Leukemia; Acute	4-6 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: C.A. Larynx

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1950, to 6/9, 1950, that I last saw the deceased alive on 6/3, 1950, and that death occurred at 2 00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jos. A. Sedlack, M.D. 200 W. Penna. Ave Towson Md 6/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/13/50
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 6/12/50
REGISTRAR'S SIGNATURE: A. W. Fedrick
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. Md.

20067

200 W PA AVE TOWSON

DR JOS A SEDLACEK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06047

Reg. Dist. No.

1. PLACE OF DEATH

County: Baltimore

City or town: Halethorpe

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 31 yrs

Hospital, institution, or street address where death occurred: 4511 Rebbaum St

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Halethorpe

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 4511 Rebbaum

(If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME

Ella Rebenia Schultz

3.(b) Social Security Number

none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widowed

8.(b) Name of husband or wife: Frank Henry Schultz

8.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jan 7 1874

8. AGE:

Years	Months	Days	If less than one day
76	7	23	hrs. min.

9. Birthplace: Baltimore City

(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: Housework

FATHER

12. Name: Abraham Lehmer

13. Birthplace: Baltimore Md

MOTHER

14. Maiden name: Margaret Hayes

15. Birthplace: Baltimore Md

16. Informant: Mrs Elsie Schultz

Address: 4511 Rebbaum St Halethorpe Md

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 7/4/50 (month) (day) (year)

Cemetery or crematory: Loudon Pk

Location: BALTIMORE

18. Funeral director: John T. STANSBURY

Address: 2700 EDMONDSON AVE.

19. July 1 1950 (Date rec'd by registrar) R.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30 1950, at 7:45 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 29 1950, to June 30 1950

and that I last saw h— alive on June 30 1950

	DURATION
Immediate cause of death: Carcinoma B	6 Mo
Intestines	
Due to: Obstruction	10 Da
Hernia Left Side	6 Mo
Due to: Hernia	2 Mo
Other conditions	

17 x 48 b

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: 560 Maine Ave Date signed 6/30/50

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

06048

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard; LENGTH OF STAY (in this place): 760 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 312 S. Calhoun Street

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) E. (Last) SCHROEDER

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-29-93

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Schroeder

14. MOTHER'S MAIDEN NAME: Annie E. Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 214-22-2957

17. INFORMANT AND ADDRESS: CLIN.REC.VETS.ADM.HOSP.FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 13½ hours

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arteriosclerotic cardio-vascular disease — 3 yrs

934

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, rt, femur, old healed

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11, 1948, to 6-10, 1950, [illegible] and that death occurred at 9:05 P. m., from the causes and on the date stated above.

VA

SIGNATURE: Wilbur Ellis, M.D. (Degree or title) ADDRESS: VAH, FORT HOWARD, MD. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/13/50 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/12/50 — REGISTRAR'S SIGNATURE: A. W. Redmer

24. FUNERAL DIRECTOR: Harry H. Witzke, ADDRESS: 4101 Edmondson Ave.

Harry H Witzke

27860

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06049

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 2 mths; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harlem Ridge N.H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.; STREET ADDRESS (If rural, give location) 2935 Erdman Ave

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) W. (Last) Sener

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/4/98

9. AGE last birthday: 52 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Linotype operator

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Sun Papers

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chas. W. Sener

14. MOTHER'S MAIDEN NAME: Emma Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 213-03-3115

17. INFORMANT AND ADDRESS: Mrs. R. W. Sener 2935 Erdman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer Right Lung {Adeno-Carcinoma primary} — Interval Between Onset and Death: 1 year

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 1950

19b. MAJOR FINDINGS OF OPERATION: Biopsy - Adeno Carcinoma - Rt lung

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 46, to 6-14, 1950, that I last saw the deceased alive on 6-12, 1950, and that death occurred at 11 45 A m., from the causes and on the date stated above.

SIGNATURE: Wilbon L. Fearing (Degree or title) MD. ADDRESS 3025 Belair Road DATE SIGNED 6-15-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 6/16/50; NAME OF CEMETERY OR CREMATORY: Baltimore; LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REG. 6/19/50; REGISTRAR'S SIGNATURE: a W. Hedrick

24. FUNERAL DIRECTOR: Family Funeral Home ADDRESS 7481 Belair Rd.

JT

31814

3025 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06050

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Arbutus (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 yrs.

Hospital, institution, or street address where death occurred: Spring Grove State Farm

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Arbutus (If outside city or town limits, write RURAL and give nearest town)

Street No.: Spring Grove State Farm (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Agnes E. Sensibaugh

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Married

6.(b) Name of husband or wife: Edward G. Sensibaugh

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 6, 1887

8. AGE:

Years	Months	Days	If less than one day
63	3	15	..... hrs. ..... min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: H. W.

11. Industry or business: Own Home

FATHER
12. Name: Abner Sprouse
13. Birthplace: Va.

MOTHER
14. Maiden name: Mary Sprouse
15. Birthplace: Va.

16. Informant: Edward G. Sensibaugh

Address: Spring Grove State Farm, Arbutus, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 24/50 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Rd.

18. Funeral director: Harry H. Winkfel

Address: 4101 Edmondson Ave.

19. June 20 1950 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21/50 19..., at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1925 to June 21 1950 and that I last saw her alive on June 18 1950

Immediate cause of death	DURATION
Carcinoma large bowel	
c̄ metastases to both lungs	2+yrs
~~Due to~~ Diabetes mellitus -	10+yrs
Due to	
Other conditions	

153X

46e (Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma large bowel.

Date of op. ?

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Frederic J. Beutler M. D. or other

Address: 773 Medical Arts Bldg Balto. Date signed: 6-23-50.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

260

I

RECEIVED
JUN 26 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06051

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (in this place) 11 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 34 S. Locust St

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Carver (Last) Shildneck
4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Dec 17-61
9. AGE last birthday: 88 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Official
10b. KIND OF BUSINESS OR INDUSTRY: Pa. R.R.
11. BIRTHPLACE (State or foreign country): Williamsport Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. H. Shildneck
14. MOTHER'S MAIDEN NAME: Elizabeth Carver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cardiac Decompensation	2 wks
Antecedent cause(s) (b)	Generlized Arteria sclerosus	5 yrs ?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

450.0 95C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to June 4, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at 1.40 P.M., from the causes and on the date stated above.

SIGNATURE: Walter T. Rees | (Degree or title) M.D. | ADDRESS: Cockeysville, Md | DATE SIGNED: 4 June 1950

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: June 6-50 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county): Hagerstown | (State): Md

DATE REC'D BY LOCAL REG. 6/5/50 | REGISTRAR'S SIGNATURE: L. M. Schroeder | 24. FUNERAL DIRECTOR: Wm. Cook | ADDRESS: St. Paul & Preston St

15447

RECEIVED
JUN 6 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06052

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pines on Severn
STREET ADDRESS (If rural, give location) Shady Side, Northwood

3. NAME OF DECEASED (Type or Print): (First) Mrs Ella (Middle) Martha (Last) Shores

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: Oct. 28-1865 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days / Hours / Min. | If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: In own home | 11. BIRTHPLACE (State or foreign country): Deal's Island, Somerset Co. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo. W. Collier

14. MOTHER'S MAIDEN NAME: Catherine Livingston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Decompensation	3 weeks
Antecedent cause(s)		
450.0		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generlized Arterio sclerosis	5 yrs.
95c	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 19 46 to June 18 19 50, that I last saw the deceased alive on June 18, 19 50, and that death occurred at 1 a m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kees | (Degree or title) M.D. | ADDRESS: Cockeysville, Md. | DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE 6/22/50 | NAME OF CEMETERY OR CREMATORY Memorial Moreland Cemetery | LOCATION (City, town, or county) Baltimore | (State) Md

DATE REC'D BY LOCAL REG. 6/19/50 | REGISTRAR'S SIGNATURE Laura M Schroeder | 24. FUNERAL DIRECTOR Wm. Cooke | ADDRESS St. Paul & Preston St.

VS/A15

RECEIVED
JUN 21 1950
BUREAU T. S.

(OVER)

CERTIFICATE OF DEATH

Registered No. 06053

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary M. Spanner

2. DATE OF DEATH: 6/8/50

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dundalk

C. Length of stay in Baltimore: 9 Yrs. 6 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY: 48 & Markel Dundalk
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk Md
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Widowed	Oct 13–1854	95		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Retired-Work.
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John K. Bradley
14. MOTHER'S MAIDEN NAME: Mary M. Rimsel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Katie Deck ADDRESS: 48 & Markel Ave Dundalk.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Senility

DUE TO

(B) Became stuporous and died without any evident cause. (6-19-50 - ams)

DUE TO

(C)

795.4 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

1620

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 49 *to* June 50 *that I last saw the deceased alive on* 7 June, 19 50 *and that death occurred at* 11:25 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ben Dowd M. D.
23B. ADDRESS: 2900 Duncan Rd
23C. DATE SIGNED: 8 June '50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/10/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem
24D. LOCATION (City, town, or county) (State): Fredrick Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: 6/9/50
REGISTRAR'S SIGNATURE: A. W. Hedrick
25. FUNERAL DIRECTOR: Chas C. Towell ADDRESS: 2427 Edmondson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition
of #18 shown on

FILM No. G 1 2 6 JUN 20 1950

MARYLAND STATE DEPARTMENT OF HEALTH

06054

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Relay Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Baltimore City, Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Cecilia (Middle) (none) (Last) Stargardter

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 7-10-1867

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gerson Rosenstock

14. MOTHER'S MAIDEN NAME: Sarah Gutman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Son: A.R. Stargardter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gangrene of left great toe and foot	10 wks
260X Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	Long time
	(c) Generalized arteriosclerosis	" "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13, 1946, to 6/27, 1950, that I last saw the deceased alive on 6/27/1950, and that death occurred at 7.00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lewis P. Tenby M.D. Relay 21, Md. 6/27/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial

DATE: June 28, 1950

NAME OF CEMETERY OR CREMATORY: Balto Hebrew Cemetery

LOCATION (City, town, or county) (State): Belair Rd Md

DATE REC'D BY LOCAL REG. 6/28/50

REGISTRAR'S SIGNATURE: A W. Hedrick

24. FUNERAL DIRECTOR: David Sondheim Son

ADDRESS: 1902 Eutaw Place

J1

06055

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
LENGTH OF STAY (in this place) 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton.
STREET ADDRESS (If rural, give location) Main St.-

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Anna Blanche Stiffler.
4. DATE OF DEATH (Month) (Day) (Year) June 14, 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 28, 1888
9. AGE last birthday 62 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator.
10b. KIND OF BUSINESS OR INDUSTRY Telephone Exchange
11. BIRTHPLACE (State or foreign country) Freeland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Wesley Cooper
14. MOTHER'S MAIDEN NAME Mary Brooks.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY No. 213-01-1008
17. INFORMANT AND ADDRESS E. Roscoe Stiffler, Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Haemorrhage	1 wk
592 X Antecedent cause(s)	(b) Chr. Nephritis	5 yrs
131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1950, to 6/13, 1950, that I last saw the deceased alive on 6/17, 1950, and that death occurred at 2:10 A.m., from the causes and on the date stated above.

SIGNATURE S. Cole Bowers (Degree or title) M.D. ADDRESS New Freedom, Pa. DATE SIGNED 6/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 16, 1950
NAME OF CEMETERY OR CREMATORY Pine Grove U.B. Cem.
LOCATION (City, town, or county) Parkton, Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. 6/15/50
REGISTRAR'S SIGNATURE Charles L. Fulton
24. FUNERAL DIRECTOR J. Jacob Hartenstein, ADDRESS New Freedom, Pa.

49651

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

RECEIVED
JUN 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06056

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 7
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3709 Campfield Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. ~~COUNTY~~ City.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. - 16
STREET ADDRESS (If rural, give location) 3311 Forest Park ave.

3. NAME OF DECEASED (Type or Print): (First) VICTOR (Middle) ABRAHAM (Last) STRASBURGER
4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 2, 1917
9. AGE last birthday: 33 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jewelry Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Jewelry.
11. BIRTHPLACE (State or foreign country): Jacksonville, Fla.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Victor A. Strasburger
14. MOTHER'S MAIDEN NAME: Violet Kohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) World War #2
16. SOCIAL SECURITY NO. 213-03-4727
17. INFORMANT: Marjorie Cohen Strasburger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 30 min

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY None. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D. D. Caples Med. Exam. M. D. Reisterstown, Md. June 11 '50.

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 6-13-50 | NAME OF CEMETERY OR CREMATORY Hebrew Friendship | LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 6-11-50 | REGISTRAR'S SIGNATURE Mary B. Eline. | 24. FUNERAL DIRECTOR Jack Lewis Inc. | ADDRESS 2100 Eutaw Pl

VS/A15A

29876

RECEIVED
JUN 19 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06057

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor
STREET ADDRESS (If rural, give location) 1418 Inglewood ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	Charles	Taylor	June	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Married	1-23-1897	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waiter	Hotel	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William C. Taylor	Carrie Bishop.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Woodrow W Taylor 1428 Inglewood ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastasis to Bone Generalized

162 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47d (b) Carcinoma of Lung Right.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
28 Dec 1949	Carcinoma of Lung Right.	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept, 1949, to 24 June, 1950, that I last saw the deceased alive on 23 June, 1950, and that death occurred at 1:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

O'K McGrath M.D. 3534 Edmondson Ave 24 June 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/27/50	Western Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/27/50	C. W. Hedrick	Geo L. Beyer Jr.	512 Hollins St

ST

49689

06058

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 4 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 525 N. Freemont Avenue

3. NAME OF DECEASED (Type or Print)	(First) CLARENCE	(Middle)	(Last) THOMAS	4. DATE OF DEATH	(Month) June	(Day) 6, (Year) 1950
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1-5-1897	9. AGE last birthday 53 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Mamie Brooks				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) WW-I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
445x Immediate cause	(a) Uremia	Unknown
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Vascular disease - malignant phase	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 6-2-, 1950, to 6-6-, 1950, ~~[illegible]~~ ~~alive on [illegible] and that~~ death occurred at 2:35 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
PAUL PADGET, M.D. Paul Padget	Chief Medical Service	VAH, Fort Howard, Md.	6-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-12-1950	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 6/9/50	REGISTRAR'S SIGNATURE H.W. Hedrick	24. FUNERAL DIRECTOR Katie R. Williams, 322 N. Schroeder St., Balto., Md.	ADDRESS

74071

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

06059

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex - Rural Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Margaret Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex - Rural Baltimore
STREET ADDRESS (If rural, give location) 104 Margaret Avenue

3. NAME OF DECEASED (Type or Print) (First) OLIVER (Middle) JAMES (Last) THOMAS

4. DATE OF DEATH (Month) June 1, (Day) 1950 (Year) 19

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 24, 1884
9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sulphate Treater
10b. KIND OF BUSINESS OR INDUSTRY Amer. Smelting Co.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME HARRY L. THOMAS
14. MOTHER'S MAIDEN NAME LAURA J. JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 212-10-1073A
17. INFORMANT 104 Margaret Avenue, Essex Mrs. Elizabeth Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1950, to June 1, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE Leonard M Hummel (Degree or title) ADDRESS DATE SIGNED 6/2/50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 6/5/50
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 6/2/50
REGISTRAR'S SIGNATURE A. H. Hedrich Jr.
24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTIMORE - 13, MARYLAND ADDRESS
Henry F. Sander

49631

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of age shown on:

FILM No. G 127 JUL 31 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06060

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 34 N. West St.,

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) E. (Last) THORPE
4. DATE OF DEATH (Month) June (Day) 6, (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-31-1916
9. AGE last birthday 33 ~~32~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rigger
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Roxboro, N. C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Thorpe
14. MOTHER'S MAIDEN NAME Pattie Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp/ Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH 1/2 Hr.

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis, — Approx. 4 Months.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 5-22-, 1950, to 6-6-, 1950, ~~that I last saw the deceased~~ ~~[illegible]~~ death occurred at 1:25 P. m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED
PAUL PADGET, M. D. Chief Medical Service. VAH, Ft. Howard, Md. 6-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-11-1950
NAME OF CEMETERY OR CREMATORY Roxboro
LOCATION (City, town, or county) (State) Roxbury, N. C. (Roxboro)

DATE REC'D BY LOCAL REG. 6/7/50
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR William Reese, Annapolis, Md. ADDRESS

Dz

49699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06061

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomfield — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1721 Wilmarco

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomfield
STREET ADDRESS (If rural, give location) 172 Wilmarco

3. NAME OF DECEASED (Type or Print): (First) George (Middle) S (Last) Trader
4. DATE OF DEATH: (Month) June (Day) 3 (Year) 19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Aug 29 1884	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tobacconist	Tobacco	Hallwood Va	USA

13. FATHER'S NAME George S Trader
14. MOTHER'S MAIDEN NAME Margaret F Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		no	June M Trader

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary heart disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular disease	
	(c) I B Emphysema	

002 X
138

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr McKieffer	MD	Certified from Balto	1010 Leadenhall June 5 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/6/50	Western	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/6/50	A. W. Hedrick	Wm Cook Inc	1217 St Paul St.

V Dr

400 5V

MARYLAND STATE DEPARTMENT OF HEALTH

06062

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 131 Potomac Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Wagner

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 19 50

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/20/1870

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles Meads

14. MOTHER'S MAIDEN NAME: Mary McCord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

422.1

Antecedent cause(s) Diseases or conditinna, If any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

934

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing tn the death but nnt related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Nnt while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr. Sonntieffer (Degree or title) M.D. Dept. Med. Univ. Balto. ADDRESS: 1010 Leeds Ave DATE SIGNED: June 17 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 21/50 | NAME OF CEMETERY OR CREMATORY: London Park | LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REGISTRAR: 6/19/50 | REGISTRAR'S SIGNATURE: Raw. Redrick | 24. FUNERAL DIRECTOR: Ullrich Funeral Home | ADDRESS: 2004 Orleans

VS. A15A

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06063

FILM No. G 126 JUN 29 1950

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2703 ARBUTUS AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 2703 ARBUTUS AVE COUNTY BALTO Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ENGLISH COUNCIL
STREET ADDRESS (If rural, give location) 2703 ARBUTUS AVE

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CHARLES F. WEIGAND

4. DATE OF DEATH (Month) (Day) (Year) JUNE 24 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH NOV-11-1883
9. AGE last birthday 66 ~~67~~ yrs. If under Months — 1 year Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WHISKEY RECTIFIER
10b. KIND OF BUSINESS OR INDUSTRY CALVERT. DIST
11. BIRTHPLACE (State or foreign country) BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME MICHAEL WEIGAND
14. MOTHER'S MAIDEN NAME CATHERINE GUETHLEIB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT DAISY MAY WEIGAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C.V.D — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1949, to June 24, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 5P m., from the causes and on the date stated above.

SIGNATURE Paul Schofield (Degree or title) ADDRESS 1230 Lamyrd DATE SIGNED 6/24/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE JUNE 27-50
NAME OF CEMETERY OR CREMATORY Holy Cross Cem
LOCATION (City, town, or county) A A Co (State)

DATE REC'D BY LOCAL REG. 6-26-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Bernard C Harle ADDRESS 121 E West St

496 X0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

06064

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County Baltimore Co.

City or town Villa Maria - Glenn Arm.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 34 yrs.

Hospital, institution, or street address where death occurred:
Villa Maria - Sanatorium.

How long in hospital or institution? 34 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore Co.

City or town Villa Maria - Glenn Arm.
(If outside city or town limits, write RURAL and give nearest town)

Street No. .....
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME
Sister Mary Melania Werz.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~
F.	W.	

6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov-3-1860

8. AGE:

Years	Months	Days	If less than one day
89.	7.	10	..... hrs. ..... min.

9. Birthplace Philadelphia - Pa.
(Town, county, and state)

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name Sebaldus Werz
13. Birthplace Philadelphia - Pa.

MOTHER
14. Maiden name Victoria Louisoder
15. Birthplace Bavaria - Germany.

16. Informant Sister M. Josepha R.N.

Address Villa Maria

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19-50 (month) (day) (year)

Cemetery or crematory Notch Cliff

Location Glen Arm

18. Funeral director Geo M Fink Son

Address 811 N Wolfe St

19 6/18-50 19 Walter M Hammitt
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 16 - 1950, at 5.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1920, to ..... 19.....

and that I last saw h..... alive on June - 13 - 1950

Immediate cause of death Carcinoma of Breasts.

Due to .....

Due to .....

Other conditions .....

170x
50
(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE [signature] M.D.
M. D. or other

Address ..... Date signed .....

V3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUL 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06065

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (in this place): 7 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Park Heights Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
STREET ADDRESS (If rural, give location): Bowers Lane

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Lee (Last) Whitcomb

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 9, 1925

9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Allied Construction

11. BIRTHPLACE (State or foreign country): Balto. Co.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Whitcomb

14. MOTHER'S MAIDEN NAME: Stella Flowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes / World II

16. SOCIAL SECURITY NO.: 212-22-5486

17. INFORMANT: John Whitcomb, Owings Mills, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
929.4 Immediate cause	(a) Drowning	7 hrs.
183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Ice Pond

(CITY OR TOWN) (COUNTY) (STATE): Owings Mills, Balto., Maryland

TIME (Month) (Day) (Year) (Hour) OF INJURY: June 8 '50 p. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Drowned while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): D. D. Caples, M.D. Med. Exam. — ADDRESS: Reisterstown, Maryland — DATE SIGNED: June 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6 12 50 — NAME OF CEMETERY OR CREMATORY: St. Thomas — LOCATION (City, town, or county) (State): Owings Mills, Md.

DATE REC'D BY LOCAL REG.: 6-10-50 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR — ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

968 V9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUN 19 1950
BUREAU T.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06066

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (in this place) 22 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 621 Gilbert St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ARTHUR	W.	WILLIAMS	JUNE	20,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	3-11-1891	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Preacher, Porter	Copper Mill	Ocello, N. C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John G. Williams	Ida Hayman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	WW-I	Unknown	Clin.Rec.Vets.Adm. Hospt., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Embolus, left	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

157X
46g

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of tail of pancreas with extensive metastases — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-29-, 19.50, to 6-20-, 19.50, that I last saw the deceased alive on [illegible] and that death occurred at 4:05 P.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title)	ADDRESS	DATE SIGNED
Paul Padget	VA	
PAUL PADGET, M.D. Chief Medical Service.	VAH, FT. HOWARD, MD.	6-20-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-26-50	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/22/50	A.W. Hedrick	Charles R. Law	802 Madison Ave., Balto., Md.

Per Charles R Law V0894

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06667

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1218 McAdoo Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor
STREET ADDRESS (If rural, give location) 1218 McAdoo Ave.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) F. (Last) Wineke

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 28, 1870

9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Newspaper Carrier

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Wineke

14. MOTHER'S MAIDEN NAME: Mary J. Plunkett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. H. Welch 1218 McAdoo Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Disease — Interval Between Onset and Death: 3 yrs+

422.1 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to 6/3, 1950, that I last saw the deceased alive on 6/3, 1950, and that death occurred at 12 45 p.m., from the causes and on the date stated above.

SIGNATURE T. E. Cochran (Degree or title) MD ADDRESS 3629 Edmondson Ave DATE SIGNED 6/5/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 6/7/50 | NAME OF CEMETERY OR CREMATORY: Cathedral | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 6/6/50 | REGISTRAR'S SIGNATURE H. W. Hedrick DM | 24. FUNERAL DIRECTOR ADDRESS: M. Fahey-Sons 1827 W. North Ave.

28414

06068

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. X5

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
LENGTH OF STAY (In this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bird River Beech.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 13
STREET ADDRESS (If rural, give location) 3038 E. Federal St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Charles Daniel Yaeger.
4. DATE OF DEATH (Month) (Day) (Year) June 23, 1950
5. SEX Male.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH Sept 6/1877
9. AGE last birthday 72 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Pipe Fitter.
11. BIRTHPLACE (State or foreign country) Baltimore Co.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. Yaeger.
14. MOTHER'S MAIDEN NAME Mary. SPUHLER.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-10-2731
17. INFORMANT Geo Yaeger 615 N East ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J McCarmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS Balto. Co. Dundalk Md. DATE SIGNED 6/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/26/50
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) (State) Baltimore
DATE REC'D BY LOCAL REG. 6/26/50
REGISTRAR'S SIGNATURE A W. Hedrick
24. FUNERAL DIRECTOR Clarence F. Hoffman ADDRESS 1639 Broadway

JT

348 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06069

FILM No. G 126 JUN 19 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. Please write plainly, with unfading ink. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (in this place) 7 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Harrison Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 19 Harrison Ave. COUNTY Balt; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Md.; STREET ADDRESS (If rural give location) Same

3. NAME OF DECEASED (Type or Print): (First) Horace (Middle) George (Last) Young

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 18, 1846

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clock maker

10b. KIND OF BUSINESS OR INDUSTRY: Own bus None

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Robert

14. MOTHER'S MAIDEN NAME: Alice Wolford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT: Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153x Immediate cause (a) Carcinoma of Colon — Interval between onset and death: 10 mos

462 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Same

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: Aug. 1949

19b. MAJOR FINDINGS OF OPERATION: Xmax Carcinoma Rectosigmoid

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ------- (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ------ m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? -------

22. I hereby certify that I attended the deceased from May 21, 1950, to June 3, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 5.20 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James H. Markham MD 1033 Eastern Ave. June 3, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: June 6, 1950 NAME OF CEMETERY OR CREMATORY: Oaklawn Mem Park LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 6/5/50 REGISTRAR'S SIGNATURE: Wm. Redick DM

24. FUNERAL DIRECTOR: Wm. Cook ADDRESS

32085

VS. A15

Evidence for change of birth date shown on:

FILM No. G 127 JUL 31 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06070

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - PIKESVILLE
LENGTH OF STAY (in this place) 10 YEARS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MARRIOTS LANE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - PIKESVILLE
STREET ADDRESS (If rural give location) MARRIOTS ROAD

3. NAME OF DECEASED (Type or Print) (First) ~~VERNON~~ EMORY (Middle) VERNON (Last) ZIMMERMAN

4. DATE OF DEATH (Month) 6 / (Day) 4 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH SEPT 29, 1880 79
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY CARPENTER
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN EMORY ZIMMERMAN
14. MOTHER'S MAIDEN NAME LYDIA BEAUMONT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-185-385
17. INFORMANT WIFE - MRS. ZIMMERMAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS

241X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) BRONCHIAL ASTHMA.

112

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1949, to 6/4, 1950, that I last saw the deceased alive on 5/24, 1950, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE Edwin G. Pierpont, (Degree or title) M.D. ADDRESS 8027 LIBERTY Rd., BALTO. 7, DATE SIGNED 6/5/50 Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/6/50
NAME OF CEMETERY OR CREMATORY Mt. Olive
LOCATION (City, town, or county) Randallstown Md. (State)

DATE REC'D BY LOCAL REG. 6/6/50
REGISTRAR'S SIGNATURE Dr E E Mohaly
24. FUNERAL DIRECTOR Frank H. Newell, Pikesville, Md. ADDRESS

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 7 1950
BUREAU W.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06071

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Pleasant Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1508 Eutaw Place

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	Zukerberg		June	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Divorced	Dec. 10, 1897	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Buyer & Seller	Real Estate	Russia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Zukerberg	Rachel ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Albert Zukerberg (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	6 years
	(c) Pulmonary Tuberculosis	6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or coodition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 7, 1950, to June 12, 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 12 20 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T. Gardner M.D.		Pikesville, Md.	6/12/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/13/1950	Mt Carmel	Balto	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/12/50	A. W. Hedrick	Jack Lewis Inc	2100 Eutaw Pl.

27681

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15